

LD200003/552

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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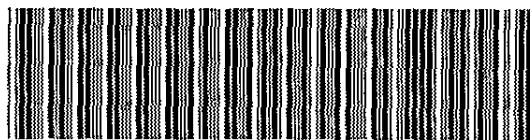
(Business Entity Name)

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2002 NOV 22 AM 9:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 25 2002

***S&K Development LLC
Sally R. Walters-Smith, Member
5494 5th Street
St. Augustine, Florida 32084
(904) 471-5142***

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Registrar:

Please find enclosed the Articles for Organization for Florida Limited Liability Company, and the filing fee. As the Agent for this LLC, I am also providing my daytime phone number and address. (See letterhead)

If I have been remiss in any of the requirements for this filing, or if you need any additional information, please feel free to call me at the number listed in the letterhead. My email address, swalters@aug.com is also at your disposal for further correspondence.

Thank you for your prompt attention to this matter.

Sincerely,


Sally R. Walters-Smith, Member

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S&K Development LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5494 5th Street ; St. Augustine, FL 32080

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Sally R. Walters-Smith

Name

5494 5th Street

Florida street address (P.O. Box NOT acceptable)

St. Augustine, FL FL 32080

City, State, and Zip

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Sally R. Walters-Smith

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Sally R. Walters-Smith

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sally R. Walters-Smith

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)