1050000021382

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700047114237

03/01/05--01028--004 **125.00

05 KLA-1 MILLED

9500

TRANSMITTAL LETTER

Dívision of Corporation	ns	
SUBJECT:S & K_E	Enterprises, LLC	
	(Name of Limited Liability Company)	
The enclosed Articles of Organiz	ization and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
Step	ohen E. Renner	
	(Name of Person)	•
S & K Enterpri	ses, LLC	
	(Firm/Company)	
5205 Frontage R	oad N.	
	(Address)	
Lake	land, FL 33810	05 HAR -1 MINI: 43
	(City/State and Zip Code)	
For further information concerni	ing this matter, please call:	M11: 43
Stephen E. Renne		
(Name of Person	n) (Area Code & Daytime Telephone Nu	imber)
Enclosed is a check for the fol	llowing amount:	
\$125.00 Filing Fee	ficate of Status Certified Copy Certificational copy is enclosed) Certified Copy	0.00 Filing Fee, ate of Status & ed Copy al copy is enclosed)
STREET ADI Registration Se Division of Co 409 E. Gaines Tallahassee, Fl	ection Registration Section orporations Division of Corporations Street P.O. Box 6327	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
S & F	K Enterprises,	PPC				
ARTICLE II - Addr The mailing address a		the principal o	office of the I	Limited Lial	bility Coı	mpany is:
Principal Office Address:		<u>Mailir</u>	ng Address:			
5205 Frontage Road N.		5205	Frontage	Road N.	•	
Lakeland, FL 33810		Lakela	and, FL	33810		- -
The name and the Flo		the registered	•			95 H
	1	Name		<u>-</u> -	-	SILED
	2904 E. Knigh	ts Griff:	in Road		() 	ED 1811: 43
_	Florida stre	et address (P.O.	Box NOT acco	eptable)	Ç.	-:
<u></u>	Plant City	FL	33565		e e	ុ ប៉ែ
	City, S	State, and Zip				
liability company registered agent and	as registered agent an at the place designate agree to act in this ca the proper and comple	ed in this certif pacity. I furth	icate, I ĥereb er agree to co	y accept the omply with t	appointner	nent as tions of all

(CONTINUED)

Registered Agent's Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana	Name and Address:
	naging Member
MGR	Stephen E. Renner
	2904 E. Knights Griffin Road Plant City, Fla. 33565
MGRM	Kathy D. Renner 2904 E. Knights Griffin Road Plant City, FL 33565
<u>.</u>	
(Use attachmen	if necessary)
NOTE: An add	litional article must be added if an effective date is requested.
REQUIRED S	Shahar Change
	Signature of a member or an authorized representative of a member.
	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.)
	Stephen E. Renner
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)