

May 3, 2005 1:11 PM  
Division of Corporations

No. 8740 P. 1 of 1  
Page 1 of 1

FILED  
2005 MAY -3 AM 10:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000112454 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : KOCH & COMPANY, CPAS, P.A.  
Account Number : I19990000002  
Phone : (941) 637-0544  
Fax Number : (941) 637-9693

LIMITED LIABILITY COMPANY

SKC PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

((H05000112454 3)))

**ARTICLES OF ORGANIZATION  
OF  
SKC PROPERTIES, LLC**

FILED  
2005 MAY -3 AM 10:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is **SKC PROPERTIES, LLC**, (hereinafter, "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The street address of the principal office of this Limited Liability Company shall be:  
**2155 Broadpoint Dr., Harbour Heights, FL 33983**

**ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:

**Shaun D. Corbett, 2155 Broadpoint Dr., Harbour Heights, FL 33983**

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

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.

By:   
Shaun D. Corbett, Registered Agent

By:   
Shaun D. Corbett, Organizing Member

State of Florida  
County of Charlotte

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_

((H05000112454 3)))