L06000032249

| (Req | uestor's Name) | |
|----------------------------|-----------------|-----------|
| (Addi | ess) | |
| (Addi | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nan | ne) |
| (Doct | ıment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
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Office Use Only



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03/24/06--01013--017 **160.00



J. BRYAN MAR 2 8 2006

COVER LETTER

| TO: Registration So Division of Co | | | |
|---------------------------------------|---|---|---|
| SUBJECT: SkillSe | t Services LLC | | |
| | | d Liability Company) | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| Jerold L. C | ollis | | |
| - | (| Name of Person) | · · · · · · · · · · · · · · · · · · · |
| SkillSet Se | rvices LLC | | _ |
| | (| Firm/Company) | ¥ =1 × 8 |
| 3755 Coc | oplum Circle | | 10000000000000000000000000000000000000 |
| | | (Address) | BS 24 |
| Coconut C | Creek, FL 33063 | | MHAR 24 PH 2: 42 ALLAHASSEE, PLORI |
| | (City | /State and Zip Code) | 2:4 |
| For further information | concerning this matter, please | call: | NOA STORY |
| Jerold L. Collis | | at (954) 973-658 | 2 |
| (Name | e of Person) | (Area Code & Daytime To | |
| Enclosed is a check for | or the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ✓ \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| SkillSet Services LLC (Must end with the words "Limited Liability Company,") | Limited Company" or their abbreviation "L.L.C," or "L.C.,") |
|--|--|
| ARTICLE II - Address: | |
| | ne principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 3755 Cocoplum Circle | 3755 Cocoplum Circle |
| Coconut Creek, FL 33063 | Coconut Creek, FL 33063 |
| ARTICLE III - Registered Agent Regist | ered Office & Registered Agent's Signature |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the plant of the control | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual of moths the registered agent are: |
| | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual of moths the registered agent are: |
| N 3755 Cocoplum Circle | et address (P.O. Box <u>NOT</u> acceptable) |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) 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:

| <u>Title:</u> | Name and Address: |
|-----------------------------------|---|
| "MGR" ≈ Manager | |
| "MGRM" = Managing Mem | ıber |
| MRGM | Robert A. Batts |
| | 3755 Cocoplum Circle |
| | Coconut Creek, FL 33063 |
| MRGM | James L. Collis |
| | 3755 Cocoplum Circle |
| | Coconut Creek, FL 33063 |
| MRGM | Jerold L. Collis 3755 Cocoplum Circle Coconut Creek, FL 33063 |
| | 3755 Cocoplum Circle |
| | Coconut Creek, FL 33063 |
| | reg 3 |
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| | , P = |
| | • |
| (Use attachment if necessary | <i>(</i>) |
| , | , |
| CLE V: Effective date, if other | r than the date of filing: (OPTIONAL) |
| | te must be specific and cannot be more than five business days prior |
| 90 days after the date of filing. | |
| o days areer the date of filling. | |
| | |
| REQUIRED SIGNATURE |): |
| Signature | US. Oclis f a member or an authorized representative of a member. |
| Signature o | t a member of an authorized representative of a member. |
| of this docu | nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.) |
| | 1 1 1 1 1 1 1 |
| _Jero | old L. Collis |
| | 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)