

LD6000045405

(Requestor's Name)

1679 SE Lake Legacy Way

(Address)

(Address)

Stuart, FL 34997

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Can't use DBA in name

FL LLC

Office Use Only

[Signature]



600070612806

04/17/06--01032--019 **125.00

06 MAY -2 PM 5:17
SECTION OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

W06-18733



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2006

KRISTINE JOHNSON
1679 SE LAKE LEGACY WAY
STUART, FL 34997

SUBJECT: SKJOHNSON LLC
Ref. Number: W06000018733

We have received your document for SKJOHNSON LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 606A00027161

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKJohnson LLC

ARTICLE II - Address:

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

Principal Office Address:

1679 SE Lake Legacy Way

Stuart FL, 34997

Mailing Address:

1679 SE Lake Legacy Way

Stuart FL, 34997

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

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

Kristine Johnson

Name

1679 SE Lake Legacy Way

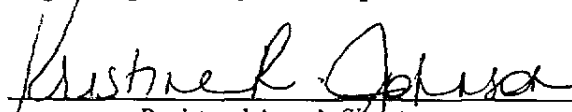
Florida street address (P.O. Box **NOT** acceptable)

Stuart,

FLORIDA 34997

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY - 2 PM 5: 17

APPROVED
AND
FILED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Scott P. Johnson

1679 SE Lake Legacy Way

Stuart FL,, 34997

MGRM

Kristine Johnson

1679 SE Lake Legacy Way

Stuart FL, 34997

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kristine R. Johnson
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.)

KRISTINE R. Johnson
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY -2 PM 5:17

APPROVED
AND
FILED