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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 10 2009

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJ	ECT:	SK	8 N	ROLL LLC			
		Name of Limite	d Liab	ility Company			
The er	nclosed Articles of	Organization and fee(s) are so	ubmitte	ed for filing.			
Please	return all correspo	ondence concerning this matte	r to th	e following:			
	**************************************			Marcia Fletche	er		
			Name o	of Person			
		SK	BNR	OLL LLC		1	
			Fim ₁ /C	ompany		LLA	ار وو
		411	0 12	7st West F1		E IA HAS	_ ₹
		-	Add	dress		338 338	3
		Cor	tez, l	FL 34215		FLO	} } ₹
		City	/State a	nd Zip Code		ATE	-:- `
		Imtland@gmail.com E-mail address: (to be used for	m, ma	arcia@yachtcle	aner.com	>	
For fu	rther information c	oncerning this matter, please		•	•		
	Dav	id Land	at (941) Area Code & Dayti	7 <i>05-</i> 25 705-203	33	
				Alea Code & Dayti	ne relephone ivo	inner	
_		the following amount:					_
<u>/]</u> \$125	.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Filing Fee & rtified Copy ditional copy is enclo	Certif sed) Certif	00 Filing icate of S ied Copy onal copy i	Status &
		Mailing Address		Street/Courier A			
		Registration Section Division of Corporations		Registration Section Division of Corpo			
		P.O. Box 6327		Clifton Building	anter Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		npany is:	
(Mus:		N ROLL LLC mited Liability Company." "L.L.C" or "LL	.C.")
		, , ,	
ARTICLE II - Add The mailing address		of the principal office of the Lin	nited Liability Company is:
Principal Office Ad	<u>ldress:</u>	Mailing Address:	
4110 127st West Cortez, FL 34215	F1	4110-127st West 72 Cortez, Fl 34215	PO BOX 1/08 CORTEZ FZ. 34215
business entity with an ac The name and the Fl	-	s of the registered agent are:	O9 JUI SECRET
	A 4	: 110 127at Woot = 1	-9 AR) SSE
-		110 127st West F1 dress (P.O. Box NOT acceptable)	
	Cortez, FL 3		55 % L
-		ty, State, and Zip	ATE 3
liability company registered agent and statutes relating to	y at the place design d agree to act in thi o the proper and con ations of my positio	nt and to accept service of process mated in this certificate. I hereby a is capacity. I further agree to commplete performance of my duties, on as registered agent as provided and some signature (REQUIRED)	ocept the appointment as ply with the provisions of ali and I am familiar with and

(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:

	Name and Address:
"MGR" = Manag "MGRM" = Mar	
MGRM	
INGRIVI	David Land
	4110 127st West F1
	Cortez, Fl. 34215
MGRM	Marcia Fletcher
	4110 127st West F1
	Cortez, FL 34215
Use attachment	if necessary)
(Use attachment	if necessary)
LE V: Effective of fective date is lis	date, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)