

LO9000/030/2

(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:

209A-31717

Office Use Only



900156016039

10/08/09--01001--001 **27.50

09/28/09--01050--010 **122.50

FILED
09 OCT 22 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 2 6 2009

EXAMINER

S. HAWKES

SEP 2 8 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2009

ANGELA M NUDO
919 CORDOVA ROAD
FORT LAUDERDALE, FL 33316

SUBJECT: SILKBOX LLC
Ref. Number: W09000043493

We have received your document for SILKBOX LLC and check(s) totaling \$122.50 of which \$122.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$27.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 209A00031717



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2009

ANGELA M NUDO
919 CORDOVA ROAD
FORT LAUDERDALE, FL 33316

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Ref. Number: W09000043493

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Suzanne Hawkes
Regulatory Specialist II

Letter Number: 209A00031717

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Silkbox LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:919 Cordova Road
Fort Lauderdale, FL 33316Same**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Angela M Nudo
Name
919 Cordova Road
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale FL 33316
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, F.S..

Angela M Nudo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

MGRM

Name and Address:

Angela M Nudo
919 Cordova Road
Fort Lauderdale, FL 33316

(Use attachment if necessary)

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 TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____
 (OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Angela M Nudo
 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.)

Angela M Nudo
 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)