Division of Corporations 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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019

: (305)552-5973 Phone

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. SKT NORTH AMERICA, LLC

Certificate of Status

0

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

EXA

Electronic Filing Menu

Corporate Filing Menu

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## H10000260093

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SKT HORTH AMERICA, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:	
7909 NW 5457 DOPA , FL 33166	SAME	
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 r	egistered agent are:	
SER DAR Name	M. SENAYOIN	
7909 N Florida street add	W 54 ST (P.O. Box NOT acceptable)	
DORAC City, Sta	PL 33166	

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)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	SERDAR M. SENAYON
	7909 NIN 54 87
•	DORA- 5. 33166
	,
	ALI 10
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	to of 5 ling: 01/01/2011 (OPEONAL)
(If an effective date is listed, the date must be su	pecific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	1 miles
<u>REQUIRED</u> SIGNATURE:	\$200 60
	The state of the s
	Tell 1
	- FIFE
Signature of a member of	r an anthorized/representative of a member.
-	
(In accordance with section 608.40) constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document e penaltics of perjury that the facts stated herein are true.
(In accordance with section 608.40) constitutes an affirmation under the I am aware that any false informati	8(3), Florida Statutes, the execution of this document e penaltics of perjury that the facts stated herein are true, on submitted in a document to the Department of State
(In accordance with section 608.40) constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document e penaltics of perjury that the facts stated herein are true, on submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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