

L11000081042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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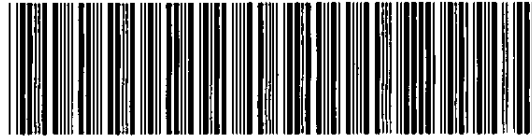
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 JUL 14 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11 JUL 14 AM 11:29

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

N. G. 11 JUL 14 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Skofronick, LLC**

The enclosed Articles of Organization and fees are submitted for filing:

Please return all correspondence concerning this matter to:

George H. Gwynn  
Williams, Gautier, Gwynn, DeLoach & Sorenson, P.A.  
P.O. Box 4128  
Tallahassee, FL 32315

For further information concerning this matter, please call:

Cindi Young  
850-386-3300

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
SKOFRONICK, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"SKOFRONICK, LLC"

**ARTICLE II — Address:**

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

441 McDaniel Street  
Tallahassee, FL 32303

**ARTICLE III — Registered Agent:**

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

Dorothy N. Skofronick  
441 McDaniel Street  
Tallahassee, FL 32303

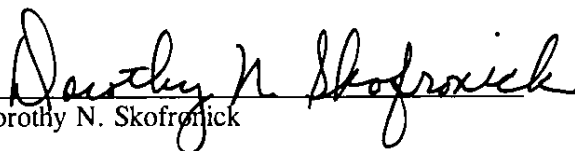
**ARTICLE IV — Management:**

The Company is to be managed by a manager and is, therefore, a manager-managed company.

**ARTICLE V — Limitation on Agency Authority of Members**

Pursuant to section 608.4235 of the Florida Limited Company Act, with the exception of the initial members, no other member of the Company shall be agents of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the members and acknowledged them to be my act this 13<sup>th</sup> day of July, 2011.

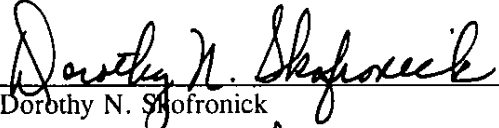
  
Dorothy N. Skofronick

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11 JUL 14 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Dorothy N. Skofronick

July 13, 2011

**FILED**  
11 JUL 14 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee:     \$100.00 for Articles of Organization  
                     \$ 25.00 for Designation of Registered Agent**