

L12000048288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

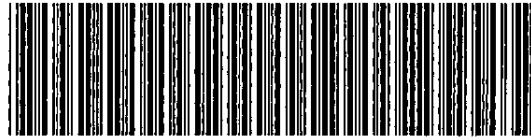
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Special Instructions to Filing Officer:

W120000457620

Office Use Only

EFFECTIVE DATE 04/10/12



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12 APR -6 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 09 2012

EXAMINER

**FELDMANN  
NAGEL, LLC**



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April 2, 2012

Registrations Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

***Re: Articles of Organization***

Dear Sir or Madam:

Please find enclosed out Client's Articles of Organization along with the letter requesting a revised effective date.

Sincerely,  
FELDMANN NAGEL, LLC

Michael Bryan, Esq.  
FOR THE FIRM

**FILED**  
**12 APR -6 PM 2:54**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2012

MICHAEL BRYAN  
1228 15TH ST., SUITE 200  
DENVER, CO 80202

SUBJECT: SAKM, LLC  
Ref. Number: W12000015620

We have received your document for SAKM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 16, 2012. Please amend your document accordingly.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 112A00009634

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAKM, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bryan

Name of Person

Feldmann Nagel, LLC

Firm/Company

1228 15th St., Suite 200

Address

Denver, CO 80202

City/State and Zip Code

mbryan@feldmann-nagel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bryan

Name of Person

at ( 303 ) 813-1200

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status  
Certified Copy  
(additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAKM, 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:

808 Lake Crescent Court  
St. Augustine, FL 32092

Mailing Address:

808 Lake Crescent Court  
St. Augustine, FL 32092

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:

Nick Bosick

Name

808 Lake Crescent Court

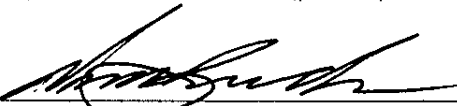
Florida street address (P.O. Box NOT acceptable)

St. Augustine FL 32092

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

Page 1 of 2

EFFECTIVE DATE 04/10/12

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

Nick Bosick

808 Lake Crescent Court

St. Augustine, FL 32092

MGRM

Jody Bosick

808 Lake Crescent Court

St. Augustine, FL 32092

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 10, 2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nick Bosick

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)

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