

L13000174581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

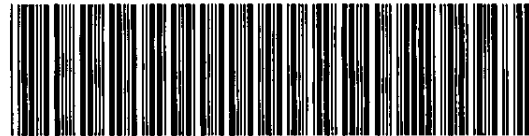
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2014
J. BROOK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyhawk BKB, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Barwick

Name of Person

Skyhawk BKB, LLC

Firm/Company

9755 1st Street, NE

Address

St Petersburg, FL 33702

City/State and Zip Code

garyb717@verizon.net

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

For further information concerning this matter, please call:

Lisa Barwick

Name of Person

at (727)

Area Code

577-6297

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
2014 JAN 16 PM 12:11
TALLAHASSEE FLORIDA
SECRETARY OF STATE

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

Skyhawk BKB, LLC

SECOND: Document to be corrected is:

Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☐

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The effective date of the company is Jan 01, 2014.

OR

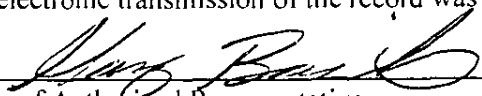
☐

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐

The electronic transmission of the record was defective.


Signature of Authorized Representative

1/13/2014
Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 16 PM 12:11

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Skyhawk BKB, 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:

9755 1ST STREET, NE
ST PETERSBURG, FL 33702

Mailing Address:

9755 1ST STREET, NE
ST PETERSBURG, FL 33702

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:

Gary Barwick

Name


9755 1st Street, NE

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

St Petersburg FL 33702

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Gary Barwick

9755 1st Street, NE

St Petersburg, FL 33702

MGRM

Donald Kelly

110 97th Avenue, NE

St Petersburg, FL 33702

MGRM

Brad Bess

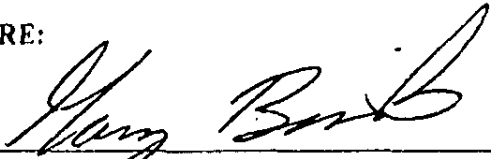
9580 Sun Isle Drive NE

St Petersburg, FL 33702

(Use attachment if necessary)

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

Gary Barwick

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)

COVER LETTER

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Division of Corporations

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at (_____) _____
Area Code Daytime Telephone Number

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- | | | | |
|--|---|--|--|
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Certified Copy |
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