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(Re	questor's Name)	
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PICK-UP	· WAIT	MAIL
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	cument Number	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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05/09/14--01016--001 **130.00

EFFECTIVE DATE
5-1-14

FILED
14 MAY -7 PH 3: 07
SECRETARY OF STATE

MAY - 9 2014

T. BROWN

COVER LETTER

Division of	Corporations		
SUBJECT:		iH. LLC	
	Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(s) ar	re submitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
	Ro	bert T. Anderson, Jr	
		Name of Person	
		Firm/Company	
		220 Calle Miramar	
		Address	
		Sarasota, FL 34242 http://state and Zip Code	
-		dersonSRQ.com d for future annual report notifica	ation)
For further informati	on concerning this matter, plea	ase call:	
	. Anderson, Jr at (_ me of Person	941) 350-86 Area Code Daytime Te	371 Jephone Number
IN 8	ine of Person	Area Code Daytime Te	repriorie Number
Enclosed is a check t	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)

Registration Section

TO:

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



April 23, 2014

ROBERT T. ANDERSON, JR. 220 CALLE MIRAMAR SARASOTA, FL 34242

SUBJECT: SKH, LLC

Ref. Number: W14000025778

We have received your document for SKH, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 614A00008681

Teresa Brown Regulatory Specialist II

www.sunbiz.org

EFFECTIVE DATE 5-1-14

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
The name of the Emmed Elability Company is.	
SKH	LLC G
(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 of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
220 Calle Miramar	220 Calle Miramar
Sarasota, FL 34242	Sarasota, FL 34242
	
ARTICLE III - Registered Agent, Registered Office,	& Dagistared Agent's Signature.
(The Limited Liability Company cannot serve as its own	
another business entity with an active Florida registration	
,	,
The name and the Florida street address of the registered	I agent are:
D	
Robert T. And Name	······································
1441116	,
220 Calle N	/liramar
Florida street address (P.O. Bo	
_	
Sarasota	<u>FL 34242</u>
City	Zip
Having been named as registered agent and to accept so	ervice of process for the above stated limited liability company at
	of the appointment as registered agent and agree to act in this
	of all statutes relating to the proper and complete performance
	oligations of my position as registered agent as provided for in
	oter 605, F.S
Ω	
[K . /]	
	(DECLUDED)
Registered Agent s Signa	ature (REQUIRED)
•	
(CONTINU	JED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Robert T. Anderson, Jr
	220 Calle Miramar
	Sarasota, FL 34242
MGR	Chris Callas
	220 Calle Miramar
	Sarasota, FL 34242
	
V: Effective date, if other than the d	ate of filing: May 1, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: <u>May 1, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or
ctive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
CV: Effective date, if other than the detive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	member of a waithorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the detive date is listed, the date must be filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member of a authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation ulam aware that any false in	member of a waithorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation ulam aware that any false in	member of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

Page 2 of 2