

L14000147208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

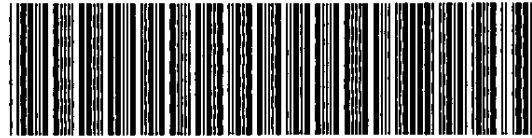
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Certificates of Status ☒

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 19 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SDKWL Capital Investments 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 Kalil  
Name of Person

SDKWL Capital Investments LLC.  
Firm/Company

6817 Southpoint Parkway, Suite #1402  
Address

Jacksonville, FL 32256  
City/State and Zip Code

mkalil@akiaxlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kalil at ( 904 ) 355-3311  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SDKWL Capital Investments 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:

6817 Southpoint Parkway  
Suite #1402  
Jacksonville, FL 32216

6817 Southpoint Parkway  
Suite #1402  
Jacksonville, FL 32216

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:

Michael Kalil  
Name

6817 Southpoint Parkway, Suite #1402  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32216  
City 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 605, F.S..*

Michael Kalil

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

See Attached

**Name and Address:**

Please See Attached

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(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Michael Kalil

\_\_\_\_\_  
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)**

**SDKWL Capital Investments LLC. Attachment to Articles of Organization**

The following are all Authorized Members:

AMBR Samuel Summers  
1341 SW Castle Heights Terrace  
Lake City, FL 32025

AMBR Brian Todd Dunmire  
11123 NW 61st. Terrance  
Alachua, FL 32615

AMBR Michael Kalil  
6817 Southpoint Parkway  
Suite #1402  
Jacksonville, FL 32216

AMBR Matthew Waring  
2400 Giralda Circle East  
Apartment 108  
Palm Beach Gardens, FL 33410

AMBR Anthony Joseph Longo  
12392 Antler Hill Lane  
Jacksonville, FL 32224