

Dec. 11, 2014 12:12 PM
12/11/2014

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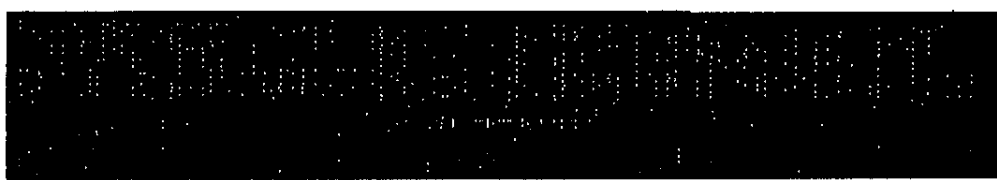
Division of Corporations

N 0139

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000286168 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : UDIS HOLDINGS, LLC
Account Number : I20050000077
Phone : (561)362-6370
Fax Number : (561)892-2928

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14 DEC 11 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: mdelvie@skcapitalpartners.com

FLORIDA LIMITED LIABILITY CO.
SKCM Resource Management LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

RECEIVED
14 DEC 11 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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Corporate Filing Menu

Help

11/23/2014

Dec. 11. 2014 12:12PM

No. 0139 P. 2
H140002861683

UDIS HOLDINGS, LLC

December 11, 2014

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

Re: *SKCM Resource Management LLC*

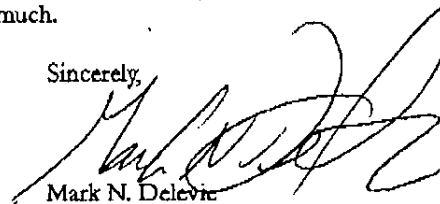
Dear Sir or Madam:

The enclosed Articles of Organization and fees are submitted for filing. Also enclosed please find correspondence from SK Resource Management LLC, an affiliate of the referenced company, consenting to the use by the new company of the name "SKCM Resource Management LLC".

Please return the certified copy and all other correspondence concerning this matter to my attention at the letterhead address.

If for any reason the enclosed Articles cannot be filed upon receipt, please contact me immediately at (561) 362-6370. Thank you very much.

Sincerely,



Mark N. Delevic
Authorized Representative

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKCM Resource Management 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:

1515 N. Federal Highway
Suite 405
Boca Raton, FL 33432

Mailing Address:

1515 N. Federal Highway
Suite 405
Boca Raton, FL 33432

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:

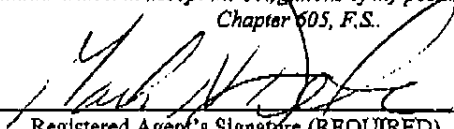
Mark N. Delevie
Name

1515 N. Federal Highway, Suite 405
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33432
City Zip

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SECRETARY OF STATE
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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jamshid Keynejad

1515 N. Federal Highway, Suite 405

Boca Raton, FL 33432

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TALLAHASSEE, FLORIDA

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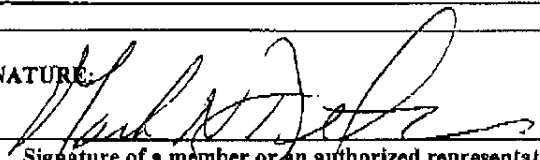
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 8, 2014 (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.)

Mark N. Delevie

Typed or printed name of signer

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)