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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer	
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## COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	1773 SKP L	LC nited Liability Company	
The enclosed	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
	Wade Palme	·r	
-		Name of Person	
-		Firm/Company	
	1217 4. (	hanles St.	
		Address	- <del></del>
	Champaign	TL 6/821 City/State and Zip Code	
		Dissible and Zip Code Dissible Code d for future annual report notifica	
			ition)
For further in	nformation concerning this matter, plea	nse call:	
Wade	Palmer at (	217 356 - 44 Area Code Daytime Te	180
	Name of Person	Area Code Daytime Tel	lephone Number
Enclosed is a	a check for the following amount:		
<b>59 \$</b> 125.00 Fili	ng Fee \$\Bigcip\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courler Addi	· <u>ess</u>
	Registration Section Division of Corporations	Registration Section Division of Corporat	ione
	P.O. Box 6327	Clifton Building	rons
	Tallahassee, FL 32314 2661 Executive Center Circle		er Circle

Tallahussee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Limbility Company is:		
1773 SKP	LLC	•
(Must and with the words "Lin	nited Liabitity Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
Wade Palmer	Same	
- Champaign, 71 61821		<del></del>
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Plorida registr	own Registered Agent. You must designate	an individual or
The name and the Florida street address of the registe	ered agent are:	Secondaria
In Conp Service	ces. Inc.	55 A
Ni	ame	हेरी हैं न
17888 674	Court North	
Florida street address (P.O. Box NOT acceptable)		न ज
Loxabatchee	<sub>FL</sub> 33470	
City	. Zip	= 12 ≤ 12
Having been named as registered agent and to accept		

MM MATALIE Bales on behalf of Incorp Services, Incorp Ser

(CONTINUED)

Page 1 of 2

ARTICLE 1V- The name and address of each person authorize	d to manage and control the Limited Liability Company:			
Title: "AMBR" = Authorized Member "MGR" Manager AMBR	Name and Address:  Wade B. Palmer  1217 W. Charles  The Original Transfer (1821)			
AMBR	Steven M. Keen 1217 W. Chacks St. Champuign II 61821	,		
(Use attachment if nocessary)				
ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific a the date of filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 90	days afte	!r	
ARTICLE VI: Other provisions, if any.		<del></del>		
REQUIRED SIGNATURE: Worde B. Pa	lnus	SECRE LANAS	15 APR -6	
(In accordance with section 605.0203 constitutes an affirmation under the p	or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document chalities of perjury that the facts stated herein are true, submitted in a document to the Department of State ovided for in s.847.155, F.S.)	SEE FI 088	5 PM I2: 3	- - -
WADE	B PALMER d or printed name of signee	BF.	<u>=</u>	

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)