Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 : (941)623-1925 Phone Fax Number : (941)625-1526

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

FLORIDA LIMITED LIABILITY CO.

Sulka Kalb Vane LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLOF	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Sulka Kalb Vane ELC	
(Must end with the words "Limited Liub	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	280 B. C.
The mailing address and street address of the principal office	of the familied fatibility Company is:
Principal Office Address:	Mailing Address:
J17 Herald Cr	117 Herald Ct
Umt 116	Unit 116
Punta Gorda, FL 33950	Punta Gorda, FL 33950
ARTICLE III - Registered Agent, Registered Office, & Ro (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent Dana Cook	stered Agent. You must designate an individual or
Nar	ne
; all	11%

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

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

117 Herald Ct Unit 116

Punta Gorda

City State 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. Thereby 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

33950

Mure (REQUIRED)

(CONTINUED)

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[itle: AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Dana Cook
	117 Herald Ct Unit 116
	Punta Gorda, FL 33950
AMBR	Brian Corso
	117 Herald Ct Unit 116
	Punta Gorda, FL 33950
	·
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