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16 MAY 23 AM 8:31
DIVISION OF CORPORATIONS
STATE OF ALABAMA

JUN 01 2016

T. SCOTT

JOHN P. CARDILLO
WILLIAM D. KEITH
Board Certified Civil Trial Lawyer
Certified Civil Trial Advocate - NRTA
JAMES A. BONAQUIST, JR.
JOHN T. CARDILLO



3550 East Tamiami Trail
Naples, FL 34112
TEL 239.774.2229
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May 10, 2016

Via Overnight Delivery

Secretary of State -New Filing Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Skinner Consulting, LLC

Dear Sir or Madam:

Enclosed are an original and one copy of the Articles of Organization for Skinner Consulting, LLC, an original and one copy of the Certificate Designating Place of Business or Domicile for the Service of Process Within this State, Naming Agent upon Whom Process May be Served, and a check in the amount of \$160.00 to cover your costs

Please file the original of the enclosed documents and return a certified copy of them to the undersigned in the self-addressed, stamped envelope provided.

Thank you for your prompt attention to this matter.

Very truly yours,

CARDILLO, KEITH & BONAQUIST, P.A.

Dawn R. Sedillo

/drs

Enclosures

cc/enc.: Skinner Consulting, LLC

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na011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skinner Consulting, 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:

John P. Cardillo, Esq.

Name of Person

Cardillo, Keith & Bonaquist, P.A.

Firm/Company

3550 East Tamiami Trail

Address

Naples, FL 34112

City/State and Zip Code

johnpcardillo@ckblaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John P. Cardillo

239

774-2229

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Skinner Consulting, 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:

1327 Noble Heron Way
Naples, FL 34105

Mailing Address:

1327 Noble Heron Way
Naples, FL 34105

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:

John P. Cardillo, Esq., Cardillo, Keith & Bonaquist, P.A.

Name

3550 East Tamiami Trail

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

Naples

FL

34112

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, 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)

16 MAY 23 AM 8:31

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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:

Claude M. Skinner

1327 Noble Heron Way

Naples, FL 34105

(Use attachment if necessary)

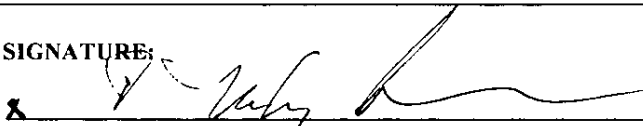
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Claude M. Skinner

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)