Division of Corporations

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Division of Corporations
Fax Number : (850)617-6591

Account Name : CORPOLICENSE, INC
Account Number : 120000000317
Phone : (305)774-9658
Fax Number : (305)774-9660

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

Email Address: drlucko2000@Yahoo.com

FLORIDA LIMITED LIABILITY CO.
SKLOPKA CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF SKLOPKA CONSULTING, LLC

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ARTICLE I - NAME:

The name of the Limited Liability Company is:

SKLOPKA CONSULTING, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal and Mailing Office Address:

9850 Scribner Lane
Wellington, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Tibor Bucko
9850 Scribner Lane
Wellington, FL 33414

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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.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE:	NAME AND ADDRESS
AMBR	Swallow-Tail Avenue Trust 9850 Scribner Lane Wellington, FL 33414
MGR	Tibor Bucko 9850 Scribner Lane Wellington, FL 33414
MGR	Attila Bucko 9850 Scribner Lane Wellington, FL 33414

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Tibor Bucko

(In accordance with section 605.0201 , Florida Statutes.
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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