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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bi	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	es of Status
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EFFECTIVE DATE 11/12/16

2 11/17/16

COVER LETTER

	gistration Section rision of Corporations		
SUBJECT:	SKORG PHYSICS		
SUDJECT:	Name of Lin	nited Liability Company	
The enclosed	d Articles of Organization and fee(s) are	e submitted for filing.	
Please return	all correspondence concerning this ma	tter to the following:	
1	IVAN EDUARDO PULGAR CARAB	ALLO	
_		Name of Person	
S	SKORG PHYSICS		
-		Firm/Company	
4	423 FABER DRIVE		
_		Address	
C	ORLANDO, FL 32822		
LI	C ED 30 @OUTLOOK.COM	ity/State and Zip Code	
_	E-mail address: (to be used	for future annual report notifica	tion)
For further info	ormation concerning this matter, please	call:	
D	VAN E. PULGAR	407 744-7093	
_		rea Code Daytime Telepho	ne Number
Enclosed is a	check for the following amount:		
\$125.00 Filir	• 1 1 5 1	\$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 Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	lity Company, "L.L.C.," or "LLC.")
CLE II - Address: ailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address.	Maning Address.
423 FABER DRIVE	423 FABER DRIVE
ORLANDO, FL 32822	ORLANDO, FL 32822

Name

423 FABER DRIVE
Florida street address (P.O. Box NOT acceptable)

ORLANDO FLORIDA 32822
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)

Page 1 of 2

"MGR" = Manager	Name and Address:	
IVAN PULGAR	423 FABER DRIVE, ORLANDO, FL 32822	
		•
		•
		•
		•
		-
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of fileffective date is listed, the date must be specific to of filing.)	ling: 11/12/2016 (OPTIONAL) c and cannot be more than five business days prior to or 9	0 days
effective date is listed, the date must be specific e of filing.)	e and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will n	•
effective date is listed, the date must be specific te of filing.) If the date inserted in this block does not meet to cument's effective date on the Department of St	e and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will n	•
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ARTICLE IV-