

L21000110959

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H210001034153)))



H210001034153ABCR

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
Account Number : 120170000034
Phone : (239)639-1096
Fax Number : (239)791-8132

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

Email Address: Legal@your-advocates.org

FLORIDA LIMITED LIABILITY CO.

SK&AM, LLC AM&SK, LLC

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

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2021 MAR 17 AM 11:47

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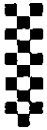
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

TALLAHASSEE, FL

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Corporate Filing Menu

Help



March 16, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RITA JACKMAN
12381 S. SLEVELAND AVE
STE 200
FORT MYERS, FL 33907US

SUBJECT: AS&SK, LLC
REF: W21000034682

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000070437.

If you have any further questions concerning your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000103415
Letter Number: 421A00005498

STATE
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SK&AM, 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:

RITA JACKMAN
Name of Person

Firm/Company

12381 S. SLEVELAND AVE STE 200
Address

FORT MYERS, FL 33907
City/State and Zip Code

LEGAL@YOUR-ADVOCATES.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RITA JACKMAN at (239) 689-1096
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SK&AM, LLC

(Must contain 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:

452 S. CONGRESS AVE
WEST PALM BEACH, FL 33406

Mailing Address:

452 S. CONGRESS AVE
WEST PALM BEACH, FL 33406

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:

RITA JACKMAN

Name

12381 S. CLEVELAND AVE STE 200

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

<u>FORT MYERS</u>	<u>FLORIDA</u>	<u>33907</u>
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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MITCH ZOLDOWSKI
7000 CAMPBELL MILLS CT
BRIGHTON, MI 48116

AMBR

KENNETH BRADLEY
35473 AMBROSIA DRIVE
WINCHESTER, CA 92596

(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.

RITA JACKMAN

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)

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TALLAHASSEE, FL

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