

L21000297192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500368194285

FILED

2021 JUN 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 JUN 25 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 881350 7247594

AUTHORIZATION :

Signature

COST LIMIT : \$ 125.00

ORDER DATE : June 25, 2021

ORDER TIME : 2:41 PM

ORDER NO. : 881350-005

CUSTOMER NO: 7247594

DOMESTIC FILING

NAME: SK HOLDINGS SPOUSAL TRUST, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

6/25/21, 1:55 PM

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SK HOLDINGS SPOUSAL TRUST, 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:

Maria Guarducci, Paralegal

Name of Person

Stern Kilcullen & Rufolo, LLC

Firm/Company

325 Columbia Turnpike, Ste 110

Address

Florham Park, NJ 07932

City/State and Zip Code

sanjay.khettry@gmail.com

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

For further information concerning this matter, please call:

Maria Guarducci

973

535-1900

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

6/25/21, 1:55 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2021 JUN 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

SK Holdings Spousal Trust, 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:

Mailing Address:

Villas of Positano

3501 N. Ocean Drive, Unit 4 A

Hollywood, Florida 33019

Villas of Positano

3501 N. Ocean Drive, Unit 4 A

Hollywood, Florida 33019

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:

Sanjay Khettry

Name

Villas of Positano, 3501 N. Ocean Drive, Unit 4 A

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

Hollywood

FL

33019

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)

6/25/21, 1:55 PM

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:

MGR

Linda Marie Khettry

Villas of Positano, 3501 N. Ocean Drive, Unit 4 A

Hollywood, Florida 33019

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 25 AM 11:49

FILED

(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:

Linda Marie Khettry

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.

Linda Marie Khettry, Manager

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)