## L22000111201

(i	Requestor's Name)					
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	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(	Business Entity Name)					
(Document Number)						
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Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
Opecial manufactors to rining direct.						

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## COVER LETTER

TO: New F	iling Section on of Corpor	ations			
SUBJECT:	/)SKar	S HolDings Name of Limi	LLC ned Liability	Company	
		ganization and fee(s) are	tter to the foll	owing:	
_	<u> </u>	O6Kay	Name of Pe	riguez	
_	[7.	85 thetfore or lands	Firm/Com	pany	
		or lonels	1 4/ 3	32824	
_		·	On June 1	·	n)
	ormation con	mail address: (to be use	ise call:		
_1	Oskar Nam	Zodriousy at (	786 Area Code	) 702 5750 Daytime Telephone	Number
Enclosed is:		ne following amount:  S130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	≥\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ng Address		Street Address	nivision

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

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303