4/28/22, 1:49 PM

Division of Corporations

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000154168 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:\_\_\_

## FLORIDA LIMITED LIABILITY CO. SK GOLDEN PROPERTIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SK GOLDEN PROPERTIES 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:	Malling Address:

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:

40 SW 31ST RD

**COCONUT GROVE, FL 33129** 

LISSETH CATHERINE	GUEVARA NO	BOA
	ame	
40 SW 31ST RD		
Florida street address (F	O. Box NOT ac	eceptable)
COCONUT GROVE	FL	33129
City	State	Zip

COCONUT GROVE, FL 33129

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.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Title:  "AMBR* ≈ Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	LISSETH CATHERINE GUEVARA NOBOA
AMON	AVE PEDRO MENENDEZ #100
	EDIFICIO SANTA ANA LOFT APT 302, ECUADOR
AMBR	GALO SANTIAGO COLOMA ROMERO
<del></del>	AVE PEDRO MENENDEZ #100 EDIFICIO SANTA ANA LOFT APT 302, ECUADOR
	EDIFICIO SANTA ANA LOFT AFT 302, ECHADOM
	the state of the s
(Use attachment if necessary)	2822
•	
LEV: Effective date, if other than the	date of filing: 04/26/2022 (OPTIONAL)
effective date is listed, the date must b	date of filing: 04:26/2022 (OPTIONAL) e specific and cannot be more than five husiness days prior to or 90 days
e of filing.)	not meet the applicable statutory filing requirements, this date will not be lis
If the date inserted in this block does i	not meet the applicable statutory thing requirements, but date with the
cument's effective date on the Departu	ent of State's records.
	,

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.317.155, F.S.

LISSETH CATHERINE GUEVARA NOBOA Typed or printed name of signee

Filing Fres:

\$125.00 Fliing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)