123000090397

(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



300403002433

S. CHATHAM



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/27/23

NAME:

SDK HOLDING GROUP, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES	OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liab	ility Company is:	
CINCILLE C	1.1.63	
SDK Holding Gro	· · · · · · · · · · · · · · · · · · ·	
(Must co	ontain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	t address of the principal office	of the Limited Liability Company is:
	taderess of the principal office	or the Diffined Entothly Company to.
<u>Princ</u>	cipal Office Address:	Mailing Address:
974 SE 9 Avenue		974 SE 9 Avenue
Pompano Beach, FL 33060		Pompano Beach, FL 33060
	· · · · · · · · · · · · · · · · · · ·	
 		(n
ARTICLE III - Registered /	Agent, Registered Office, & R	egistered Agent's Signature:
(The Limited Liability Compa	ny cannot serve as its own Reg	ristered Agent. You must designate an individual of
another business entity with a	in active Florida registration.)	>=
		[]
The name and the Florida stre	et address of the registered age	nt are:
	Sandra Keyser	(1) (1)
	Na	ime Solution
	· ·	22
	974 SE 9 Avenue	'1;
	Florida street address (P.	O. Box NOT acceptable)

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..

State

Zip

City

Sandra Euger
F3C606F6A789483
Registered Agent's Signature (REQUIRED)

(CONTINUED)

erran Turke P

ARTICLE IV-

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

MGR	Sandra Keyser 974 SE 9 Avenue Pompano Beach, FL 33060 Danny Keyser	
	Danny Keyser	
	974 SE 9 Avenue Pompano Beach: FL 33060 FM F	State State
	SSE STATE	
(Use attachment if necessary)		
(If an effective date is listed, the date must be specifithe date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of S	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list State's records.	
ARTICLE VI: Other provisions, if any.		
This document is executed i	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)