To: Division of Corporations

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(((H23000423858 3)))



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To:

Division of Corporations

: (850)617-6381 Fax Number

from:

Account Name : FILE RIGHT LLC Account Number : I20170000091 ; (718)878-5811 Phone : (718)732-4580 Fax Number

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 CARE LLC

Certificate of Status 0 Certified Copy 03 Page Count Estimated Charge \$125.00

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Corporate Filing Menu

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CEC 0 9 2023

K. Brumbley

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	COVERLETTER	
	New Filing Section Division of Corporations	
CHOIFC	SK CARE LLC	
SUBJEC	Name of Limited Liability Company	
The encle	closed Articles of Organization and fec(s) are submitted for filing.	
Please ret	return all correspondence concerning this matter to the following:	
	Name of Person	
	FILE RIGHT LLC	
	Firm/Company	
	5314 16TH AVENUE SUITE 139	
	Address	
	BROOKLYN, NY 11204	
	City/State and Zip Code sales@fileacorp.com	
For further	E-mail address: (to be used for future annual report notification) ter information concerning this matter, please call:	
	Sara 718 878-5811	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	ed is a check for the following amount:	
\$125,00	Certificate of Status — Certified Copy — Certificate Certificate Certificate Copy — Certi	() Filing Fee, cate of Status & ed Copy (al copy is enclosed)
	MailingAddressStreetAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FI. 323142661 Executive Center CircleTallahassee, FI. 32301	

2023-12-12 21:57:08 GMT

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ARTICLE I - Name: The name of the Limited Liability C	Company is:		
SK CARE LLC			
(Must contain	the words "Limited Li	ability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal offi	ce of the Lim	ned Liability Company is:
Principal C	Office Address:		Mailing Address:
14426 AMBERLY LN,	# 602	1	4426 AMBERLY LN. # 602
DELRAY BEACH FL,		<u> </u>	DELRAY BEACH FL, 33446
(The Limited Liability Company car another business entity with an acti-	nnot serve as its own R ve Florida registration.	egistered Age)	sge nt's Signature: nt. You must designate an individual or
another business entity with an activate name and the Florida street add	nnot serve as its own R ve Florida registration. Iress of the registered a	egistered Age)	
(The Limited Liability Company car another business entity with an active The name and the Florida street add	nnot serve as its own R ve Florida registration. lress of the registered a BARRY KORMAN	egistered Age)	
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the further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

> /s/BARRY KORMAN Registered Agent's Signature (REQUIRED) (CONTINUED)



To: * Page: 6 of 6 2023-12-12 21 57:08 GMT 17187959036 From: Mark Fuchs

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ARTICLE IV-

<u> Citle:</u>	Name and Address:	
AMBR" = A	uthorized Member	
MGR'' = Ma		
AMBR	BARRY KORMAN	
	14426 AMBERLY LN, # 602	
	DELRAY BEACH FL, 33446	
	,,, ,, , , , , , , , , , , , , , , , ,	
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