

\*\*please honor original  
submission date of  
12/16/24

## Florida Department of State

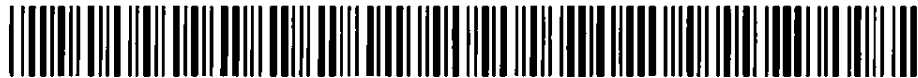
Division of Corporations  
Electronic Filing Cover Sheet

\*\*please honor original  
submission date of  
12/16/24

124000524454

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.

((H24000412272 3)))



H240004122723ABCY

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 : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

2024 DEC 18 AM 11:37  
TALLAHASSEE, FL

RECEIVED

## FLORIDA LIMITED LIABILITY CO.

## Skarboro South LLC

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

\*\*please honor original  
submission date of  
12/16/24

\*\*please honor original  
submission date of  
12/16/24

Electronic Filing Menu

Corporate Filing Menu

Help

24 DEC 18 AM 4:51

FILED  
CLERK OF STATE  
TALLAHASSEE, FL

850-617-6381

12/17/2024 2:31:08 PM PAGE 1/001 Fax Server



December 17, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: SKAARBORO SOUTH LLC  
REF: W24000165168

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission issues, the documents came out illegible. Please refax with a message "Honor Original File" date so we can process the documents.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Supervisor  
New Filings Section

FAX Aud. #: H24000412272  
Letter Number: 424A00027385

P.O BOX 6327 - Tallahassee, Florida 32314

FILED  
CLERK OF STATE  
CORPORATIONS  
24 DEC 18 AM 4:51

## Chris Vick

---

**From:** faxfinder@capitol-services.com  
**Sent:** Monday, December 16, 2024 9:21 AM  
**To:** Chris Vick  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20241216\_082058\_00008343-0000.pdf

Create Time: 12/16/2024 08:18:39 AM  
Schedule Time: 12/16/2024 08:20:58 AM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 1  
Username: admin  
Sender name: Chris Vick  
Sender email: cvick@capitol-services.com  
Sender phone: 855-498-5500  
Sender fax: 800-432-3622  
Sender org: Capitol Services  
Subject: 1519326  
Max tries: 5  
Try interval: 600  
Priority: 3  
Pages: 4  
Recipient fax: 850-617-6381  
Recipient phone:  
Recipient name: FL  
Recipient org: FL DOS  
Use cover page: true  
Receipt: always  
Print receipt: never  
Print receipt printer:  
Print receipt first page: false  
Fax Page Size: auto

H24000412272 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Skarboro South 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:**1131 Banyan Road  
Boca Raton FL 33432**Mailing Address:**1131 Banyan Road  
Boca Raton FL 33432**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:

Vicki Skaurud

Name

1131 Banyan RoadFlorida street address (P.O. Box **NOT** acceptable)Boca RatonFlorida33432

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..*

DocuSigned by:

By: Vicki Skaurud162DA811-C0B04C0...  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000412272 3

H24000412272 3

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Vicki Skaurud  
1131 Banyan Road  
Boca Raton FL 33432

MGR

Kelly Skaurud  
1131 Banyan Road  
Boca Raton FL 33432

(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:**

DocuSigned by

Vicki Skaurud

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.

vicki skaurud

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)

FILED  
CLERK OF STATE  
24 DEC 18 AM 4: 51  
TALLAHASSEE, FLORIDA