## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : LEGALZOOM
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-8300

FOREIGN LIMITED LIABILITY COMPAN

S.K.L. LLC

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	TRANSM	ITTAL LETTER	·
TO: Registration Section	nti		
Division of Corpor			· ·
·		•	
SUBJECT: S.K.L. LLC			:
·	(Name of Limite	ed Liability Company)	<del></del>
		,	,
Florida," Certificate of Existing liability company to transact Please return all correspond	ot business in Florida	mitted to register the above	tion to Transact Business in referenced foreign limited
	Ad	rians Ku	
	Name	of Person)	₹
	(		
	Legalzo	om.com, inc.	: 
	(Firm/	Company)	•
			•
	7063 Hollows	od Blvd., Suite 160	
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	·	ddress) les, CA 90028	TIL 2005 SEP SECRETA
		and Zip Code)	SKR 1
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For further information con-	cerning this matter, please	call:	
	,,,-		ST. H:
			II: 2
Adriana Ku		at (323 ) 962-9600 x2	
(Nam	e of Person)	(Area Code & Daytime T	'elephone Number)
STREET ADDRES		MAILING ADDRE	
	Registration Section Registration Section		
	Division of Corporations  Division of Corporations		
	409 E. Gaines Street P.O. Box 6327		
Tallahassee, Florida	32399	Tallahassee, Florida	34314
Enclosed is a check for the i	following amount:		
☐ \$125.00 Filing Fee	1 \$130.00 Filing Fee & Continues of Sta		160,60 Filing Fee, Certificate of Status & Certified Copy

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AFFLICA		IITED LIABILITY COMPANY ISACT BUSINESS IN FLORIDA	
		NIDA STATUTES, THE FOLLOWING IS : SINESS IN THE STATE OF FLORIDA:	SUBMITTED TO REGISTER A FORE
1. 8.K.L. LLC	i i çoşm mil i çilmişşiçi bo	ALWARD IN THE DIFFEE OF TRANSCOPE	
I, which the	(Name of Fo	reign Limited Liability Company)	
2 Delaware		<b>3.</b>	
company is or	oder the law of which foreign lin	olood Hability (FEI much	ber, if applicable)
4, 7/28/2005		5. Perpetual	
	(Date of Organization)	(Duration: Year limite exist or "perpensal")	d liability company will cease to
6			
<u> </u>	(Date first transacted (See sections 608,501	business in Florida, if prior to registration & 608,502 F.S. to determine penalty liabil	i(v)
7 15 Crest Cin	•		~
Corona Dei	Mar, CA 92625	Street Address of Principal Office)	
O Téliminad li	-Litte- comment is	er-managed company, check here	TALI
	, , ,	• • •	
9. The name a	nd usual business addresse	s of the managing members or man	agers are as follows:
Stephen La	wrence, 15 Crest Circle, Coro	ne Del Mar, CA 92826	SSE
			PF D
			97
•	······································		<u> </u>
10. Attached is an	original confidence of existence, no	more than 90 days old, duly authenticated b	y fire afficial having outlody of records
the juristiction un toroiteiro office	der fae law of which it is organize extificate under oath of the translet	1 (A photocopy is not acceptable. If the car	ifficateis in a foreign language, a
11. Nature of	business or purposes to be	conducted or promoted in Florida:	
Any lawful bu	isheed	,	<u> </u>
· <del></del>	Stehn 1	Tma-	
	Signature of a mem	ther or an authorized representative to 608.408(3), F.S., the execution of this doors penaltics of perjuty that the facts stated herein	neat copetitules
	STEPHEN	/ dispersion	<i>y</i>

Typed or printed name of signee

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

S.K.L. LLC

2. The name and the Florida street address of the registered agent and office are:

erebuseu rewisikos		L
	(Name)	1
717 Southard Street		<u> </u>
Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	!
Cay West	FI_ 33040	! !
	City/State/Zip	Ī

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 of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all signifies 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 608, Florida Statutes,

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\$ 100.08 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

## Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S.K.L. LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2005.

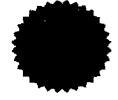
AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S.K.L. LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2005.

SECRETARY OF STATE

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Warriet Smith Hindson, Secretary of State

AUTHENTICATION: 4118656

DATE: 08-26-05

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