

M05000005890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

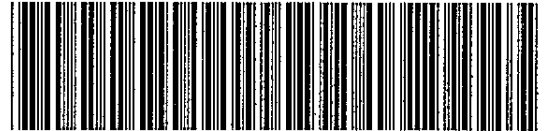
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1410/20/05

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7p

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Skinzwraps Miami LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Myra McKee  
(Name of Person)

W05-46390

(Firm/Company)

10050 NW 6<sup>th</sup> Terr.  
(Address)

Miami, FL 33172  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Chris McKee at ( 305 ) 499-9440  
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET ADDRESS:  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

\* For credit payment please refer to W05000046390 \$87.5

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. Skinzwraps Miami LLC  
(Name of Foreign Limited Liability Company)
2. Texas  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-33702616  
(FEI number, if applicable)
4. Aug. 23, 2005  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 10769 NW 23<sup>rd</sup> Street. Miami, FL 33172  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Christopher J and Myra McKee  
10050 NW 6<sup>th</sup> Terr  
Miami, FL 33172

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Business installation and design graphics

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Myra McKee

Typed or printed name of signer

Myra McKee

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TALLAHASSEE, FLORIDA

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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:

Skinzwraps Miami LLC

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

Thomas P. Smith  
(Name)

4651 NW 94<sup>th</sup> Ct.  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Miami, FL 33178  
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 608, Florida Statutes.*

Thomas P. Smith  
(Signature)

<u>\$ 100.00</u>	Filing Fee for Application
<u>\$ 25.00</u>	Designation of Registered Agent
<u>\$ 30.00</u>	Certified Copy (optional)
<u>\$ 5.00</u>	Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Roger Williams  
Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF ORGANIZATION OF

Skinzwraps Miami LLC  
Filing Number: 800535604

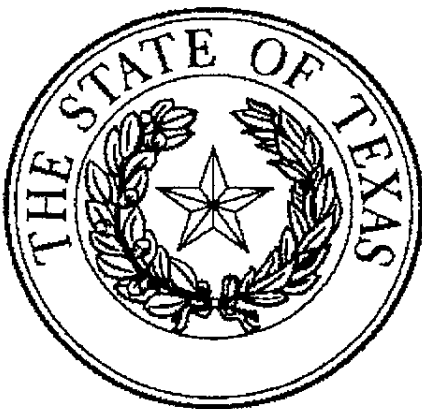
The undersigned, as Secretary of State of Texas, hereby certifies that Articles of Organization for the above named company have been received in this office and have been found to conform to law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law, hereby issues this Certificate of Organization.

Issuance of this Certificate of Organization does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 08/23/2005

Effective: 08/23/2005



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TALLAHASSEE, FLORIDA

A handwritten signature in black ink that reads "Roger Williams".

Roger Williams  
Secretary of State

Form 205  
(revised 6/01)

Return in Duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709  
Filing Fee: \$200



Articles of Organization  
For A  
Texas Limited Liability  
Company Act

This space reserved for office use.

FILED  
In the Office of the  
Secretary of State of Texas  
AUG 23 2005  
Corporations Section

Article 1 - Name			
The name of the limited liability company is as set forth below:			
SKINZWRAPS MIAMI, LLC			
The name of the entity must contain the words "Limited Liability Company" or "Limited Company," or an accepted abbreviation of such terms. The name must not be the same as, deceptively similar to or similar to that of any existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.			
Article 2 - Registered Agent and Registered Office (Select one option: A or B and complete C.)			
<input checked="" type="checkbox"/> A. The initial registered agent is an organization (cannot be company named above) by the name of:			
OR National Registered Agents, Inc.			
<input type="checkbox"/> B. The initial registered agent is an individual resident of the state whose is set forth below.			
First Name	M.I.	Last Name	Suffix
C. The business address of the registered agent and the registered office address is:			
Street Address	City	TX	Zip Code
1614 Sidney Baker Street	Kerrville		78028
Article 3 - Management			
A. <input type="checkbox"/> The limited liability company is to be managed by managers. The names and addresses of the initial managers are set forth below:			
OR (Select either option A or option B; do not select both.)			
B. <input checked="" type="checkbox"/> The limited liability company will not have managers. Management of the company is reserved to the members. The names and addresses of the initial members are set forth below:			
Manager/Member Name and Address Information			
LEGAL ENTITY: The manager/member is a legal entity named:			
The McKee Group LLC			
INDIVIDUAL: The manager/member is an individual whose name is set forth below:			
First Name	M.I.	Last Name	Suffix
ADDRESS OF MANAGER/MEMBER 1:			
Street Address	City	State	Zip Code
10769 North West 23rd St.	Doral	FL	33172
LEGAL ENTITY: The manager/member is a legal entity named:			
SKINZWRAPS LLC			
INDIVIDUAL: The manager/member is an individual whose name is set forth below:			

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First Name	M.I.	Last Name	Suffix
ADDRESS OF MANAGER/MEMBER 2:			
Street Address	City	State	Zip Code
3401 Main Street, Ste. B	Dallas	TX	75214
LEGAL ENTITY: The manager/member is a legal entity named:			
INDIVIDUAL: The manager/member is an individual whose name is set forth below.			
First Name	M.I.	Last Name	Suffix
ADDRESS OF MANAGER/MEMBER 3:			
Street Address	City	State	Zip Code
Article 4 - Duration			
The period of duration is perpetual.			
Article 5 - Purpose			
The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized.			
Supplemental Provisions Information			
Text Area			
[The attached addendum are incorporated herein by reference.]			
Organizer			
The name and address of the organizer is set forth below.			
Name			
JOSEPH CANHAM			
Street Address	City	State	Zip Code
806 BRAZOS, STE 620	AUSTIN	TX	78701
Effective Date of Filing			
A. <input checked="" type="checkbox"/> This document will become effective when the document is filed by the secretary of state.			
OR			
B. <input type="checkbox"/> This document will become effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is			
Execution			
The undersigned signs this document subject to the penalties imposed by law for the submission of a false or fraudulent document.			
Signature of organizer			
JOSEPH CANHAM			

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