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(Re	equestor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2007

AUSTIN HELLIGER 2229 PARROT LANE TALLAHASSEE, FL 32303

SUBJECT: SKYLYNE ENTERTAINMENT, LLC

Ref. Number: W07000012125

We have received your document for SKYLYNE ENTERTAINMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 9, 2007. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 107A00017229

COVER LETTER

TO: Registration Solution of Co			
_{SUBJECT:} Skylyr	ne Entertainment		
		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Austin He	elliger		
	(Name of Person)	
Skylyne E	Intertainment		
		Firm/Company)	
2229 Par	rot Lane		2007 SEC TALL
		(Address)	AR HA
Tallahas	see, Florida 3230	03	26 SSE
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	STALE LORIE
Dalila Rhymer		at (850) 321-042	25
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:
Skylyne Entertainment, LLC (Must end with the words "Limited Liability Company, "l	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2229 Parrot Lane	2229 Parrot Lane
Tallahassee, Florida 32303	Tallahassee, Florida 32303
	2007 X:C
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Dalila E. Rhymer	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: ORDER Name
2229 Parrot Lane	
	et address (P.O. Box NOT acceptable)
Tallahassee	FL 32303
City, Si	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all attended to the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

. . . .

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Austin Helliger 2229 Parrot Lane Tallahassee, Florida 32303
MGR	Dwayne Cascen 705 Moraine Court Apt. 103 VA Beach, VA 23455
MGRM	Vanessa Registe 2833 South Adams Street Apt. 2305 Tallahassee, Florida 32301
MGRM	Dalila Rhymer 2229 Parrot Lane Tallahassee, Florida 32303
	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a 1	member or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
Austin Hellig	Typed or printed name of signee
Filing Fees:	EC P
\$125.00 Filing Fee for Articles o of Registered Agent \$ 30.00 Certified Copy (Option: \$ 5.00 Certificate of Status (O	f Organization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM Kalifa Hickinson

158 Herlong Drive Apt. 6, Tallahassee, Florida 32310

MGRM Cheynelle Harris

2833 South Adams Street Apt 2305

Tallahassee, Florida 32301

2007 MAR 26 PH 3: 20
SECRETARY OF STATE
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