

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H09000225111 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SKY CELESTE, LLC

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

C. LEWIS

OCT 2 2 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2009 OCT 21 AM 8: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FORFI | ORIDA ERIVELED LACINETAL I COMMITTEE | |
|--|---|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
| SKY CELESTE, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") | | |
| (MING DIM WITH THE WOLLD SUMMED LIBORI | y dompany, main, or made y | |
| ARTICLE II - Address: The malling address and street address of the pri | incipal office of the Limited Liability Company is: | |
| Principal Office Address: | Malling Address: | |
| 3059 MATILDA STREET | 3059 MATILDA STREET | |
| COCONUT GROVE, FL 33133 | COCONUT GROVE, EL 33133 | |
| business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: SANDRA VELEZ-FELFLE Name | | |
| 3059 MATILDA STREET | | |
| Plosida strest address (P.O. Box NOT acceptable) | | |
| COCONUT GROVE | n. 33133_ | |
| City, State, and | 1 Zip | |
| liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per | cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S | |
| <i>,</i> * | | |

(CONTINUED)

FILED

2009 OCT 21 AM 8: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Page Lof2

| ARTICLE IV- The name and a | Manager(s) or Managir ddress of each Manager c | ng Member(s): or Menaging Member is as follows: |
|--|--|--|
| Title: "MGR" = Mana; "MGRM" = Man | | Name and Address: |
| MGRM | | PAUL A. FELFLE 3059 MATILDA STREET COCONUT GROVE, EL 33133 |
| MGRM | _ | SANDRA VELEZ-FELFLE 3059 MATILDA STREET COCONUT GROVE |
| | _ | |
| (Use attachment is ARTICLE V: Effective of (If an effective date is list to or 90 days after the da | late, if other than the date ed, the date must be spec | of filing: (OPTIONAL) cific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: Vandea Cly Felfle | | |
| Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | |
| SANDRA VELEZ-FELFLE Typed or printed name of signee Elling Feegs | | |
| of Ragia \$ 30,00 Certified | e for Articles of Organizatio fered Agent Copy (Optional) to of Status (Optional) | u and Designation |

Page 2 of 2