

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954) 467-2200
Fax Number : (954) 467-2210

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

Email Address: gorandragoslavice@yahoo.com

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BUREAU OF COMMERCIAL
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**FLORIDA LIMITED LIABILITY CO.
SKY 230, LLC**

Certificate of Status	0
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Page Count	03
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ARTICLES OF ORGANIZATION
OF
SKY 230, LLC

The undersigned, as the authorized representative of the initial member(s) of SKY 230, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I
COMPANY NAME

The name of the Company is SKY 230, LLC.

ARTICLE II
MANAGEMENT

The Company will be a manager managed company. The initial Manager is Goran Dragoslavic.

ARTICLE III
MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

1800 West Broward Boulevard
Fort Lauderdale, Florida 33312
E-mail: gorandragoslavic@yahoo.com

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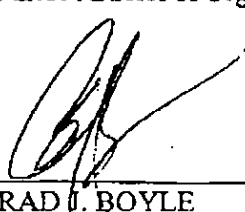
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ARTICLE IV
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
100 N.E. Third Avenue, Suite 1000
Fort Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 1st day of November, 2017.



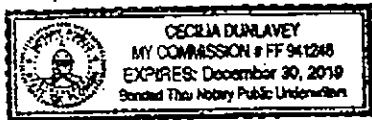
CONRAD J. BOYLE

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 1st day of November, 2017, by
CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida
driver's license as identification.

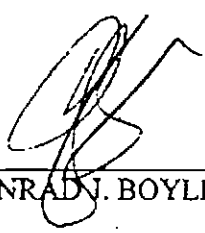


Cecelia Dunlavy

Notary Public - State of Florida
My Commission Expires:
Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 1st day of November, 2017.



CONRAD J. BOYLE