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Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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) Nick Sprodlin. Com

FLORIDA LIMITED LIABILITY CO. SKYWAY SHEPHERD II, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	áme:	:
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The name of the Limited Liability Company is:

SKYWAY SHEPHERD II, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1317 EDGEWATER DRIVE	1317 EDGEWATER DRIVE
#1929	#1929
ORLANDO FLORIDA 32804	ORLANDO FLORIDA 32804
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	red Agent's Signature: Agent. You must designate an individual or ALLAHASS SPRADLIN, PLLC
THE LAW OFFICES OF NICK	SPRADLIN, PLLC 🗯 🗠 🖺
Name	μ) μ)
2202 N. WEST SHORE BLVD.	
Florida street address (P.O. Box	
TAMPA FLO	RIDA 33607

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 605, F.S.

State

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	norized to manage and control the Limited Liability Company Name and Address:	, ,	
MGR	SKYWAY SHEPHERD, LLC 1317 EDGEWATER DRIVE #1929 ORLANDO FLORIDA 32804		
	ALLA	2021 AP	-
	S S EE EN,	7 25 	
(Use attachment if necessary)	E. CRIDA	41 J 9: 58	
ne date of filing.)		ot be liste	fter ed as
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member.		
I am aware that any false info constitutes a third degree felo	n accordance with section 605.0203 (1) (b), Florida Statutes, prination submitted in a document to the Department of State only as provided for in s.817.155, F.S.		
<u>NICKOLAS J. SPRA</u> TV	DLIN AUTHORIZED REP. OF A MEMBER ped or printed name of signee		

Filing Fres:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)