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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. SKYLINE SERVICE & REPAIR LLC

## Certificate of Status 1 Certified Copy 0 Page Count 03 \$130.00 Estimated Charge

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Comp

Liability Company is:
SKyline Service à Repair LLC
The mailing address and street address of the principal office of the Limited Liability  Company is:
13920 Lake Placid CT apt B18 Higheah Fl 33014
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: ("he Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity with an active Florida registration.)
Marlon Torres Lugares
13970 Lake Placid CT apt B18 Higheah Fl 33014
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)
Marlon Torres Lugones (AMBR)
Vamile alambares Peraza (MGR)
Figure 3
TOPE A IT

## Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

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.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)