

L000000002865

Natalie Cass

Requester's Name

1421 SE 37th St.

Address

Cape Coral FL 33904

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

500003159365--5

-03/06/00--01151--009

***155.00 ***155.00

1. _____ (Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☒ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

AUTHORIZATION BY PHONE TO

add suffix

DATE 3/14/00

DOC. EXAM. dec

Examiner's Initials

OTHER FILINGS

Name Availability

Document Examiner

Updater ☐ Annual Report

Updater ☐ Fictitious Name

Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC

FILED
00 MAR -6 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKY - PATH, LTD., LLC

ARTICLE II - Address:

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

1421 SE 39th ST

Cape Coral, FL 33904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NATALIE CASS
Name
1421 SE 39th Street
Florida street address (P.O. Box NOT acceptable)
Cape Coral FL 33904
City, State, and 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 608, F.S.

Natalie Cass
Registered Agent's Signature

FILED
00 MAR -6 AM 11:20
STATE
TALLAHASSEE
FLORIDA

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Natalie Cass
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.)

NATALIE CASS
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)