

L04000039886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

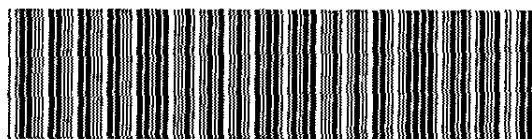
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Fee	
Availability	
Document	
Number	DCC
Updater	DCC
Updater	
Verifier	DCC
Acknowledgement	DCC
P. Verifier	DCC

Office Use Only



000031248310

05/25/04--01009--022 **125.00

FILED
2004 MAY 26 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Money
Street address for mgr/mgrn
1 or the other. (mgr or mgrn)

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYLINE MANAGEMENT AND INVESTMENT
(Name of Limited Liability Company) LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLEN FALK

(Name of Person)

ALLEN FALK A

(Firm/Company)

420 N. DIXIE HIGHWAY

(Address)

LAKE WORTH, FL 33460

(City/State and Zip Code)

For further information concerning this matter, please call:

ALLEN FALK

(Name of Person)

at (561, 493 9200

(Area Code & Daytime Telephone Number)

ALLEN FALK, ATTORNEY
420 N DIXIE HIGHWAY
LAKE WORTH, FL. 33460

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAY 26 P 2:00

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 13, 2004

ALLEN FALK
420 N DIXIE HIGHWAY
LAKE WORTH, FL 33460

SUBJECT: SKYLINE MANAGEMENT AND INVESTMENT LLC
Ref. Number: W04000018544

We have received your document for SKYLINE MANAGEMENT AND INVESTMENT LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The document must contain the usual business addresses of its managing members or managers.

Your company can only be managed by either managers or by managing members. You can not be managed by both. Please select one or the other.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 404A00033419

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Skyline Management and Investment LLC

ARTICLE II - Address:

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

Principal Office Address:

1011 N. STATE RD 7 Suite E
ROYAL PALM BEACH, FL
33411

Mailing Address:

1011 N State Rd 7 Suite E
ROYAL PALM BEACH
FLORIDA 33411

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

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

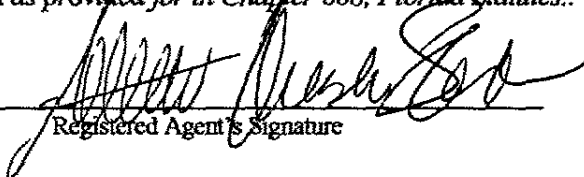
WISMICK ST. JEAN
Name
1011 N State Rd 7, Suite E
Florida street address (P.O. Box **NOT** acceptable)
ROYAL PALM BEACH FLORIDA 33411
City, State, and Zip

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2009 MAY 26 P 2:00

FILED

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, Florida Statutes..

X 
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

WISMICK ST JEAN


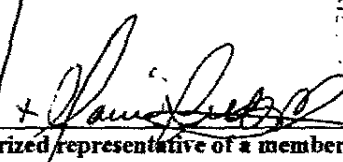
MGRM

MARIE ARLETTE ST JEAN

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

+  + 
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.)

WISMICK ST JEAN / MARIE ARLETTE ST JEAN
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)

2009 MAY 26 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED