

W400000000334

(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:

9/3 FLU

Office Use Only



700040448587

09/03/04--01027--009 **125.00

MLH

FILED
04 SEP -3 PM 4:22
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

SKYjet, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Joseph Thomas

(Name of Person)

SKYjet, LLC

(Firm/Company)

P.O. Box 150392

(Address)

Altamonte Springs, FL 32715

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Thomas

(Name of Person)

at (321)

303-8751

(Area Code & Daytime Telephone Number)

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

**ARTICLES OF ORGANIZATION
FOR**

Skyjet, LLC

**ARTICLE I
LIMITED LIABILITY COMPANY NAME**

The name of the limited liability company shall be Skyjet, LLC.

**ARTICLE II
PRINCIPAL OFFICE**

The principal office of the limited liability company in the State of Florida shall be located in Eustis, County of Lake. The mailing address shall be PO Box 150392, Altamonte Springs, FL 32715.

**ARTICLE III
REGISTERED AGENT**

The street address and name of the initial registered office of the limited liability company is:

Joseph Thomas

41623 Poinciana Street

Eustis, Florida, 32736

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.


Registered Agent's Signature

FILED
04 SEP -3 PM 4:22
TALLAHASSEE FLORIDA

**ARTICLE IV
MANAGING MEMBER**

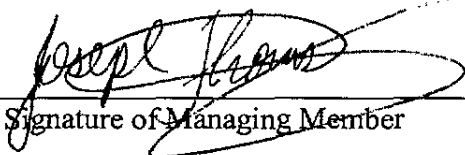
The name and address of each Managing Member is as follows:

Title:

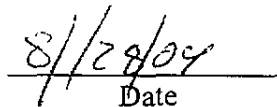
Name and Address:

MGRM

Joseph Thomas
41623 Poinciana Street
Eustis, FL 32736

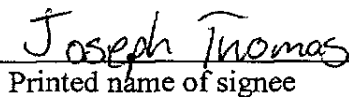


Signature of Managing Member



Date

(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.)



Printed name of signee