

L04000072822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

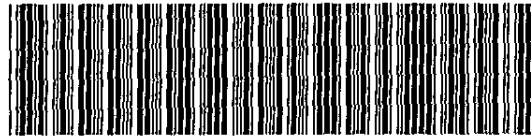
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDSKY DEVELOPMENT 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:

JANE BENNETT

(Name of Person)

REDSKY DEVELOPMENT LLC

(Firm/Company)

3644 POND VIEW LANE

(Address)

SARASOTA, FL. 34235

(City/State and Zip Code)

For further information concerning this matter, please call:

JANE BENNETT

(Name of Person)

at (941) 266 2846

(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

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STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RED SKY DEVELOPMENT LLC

ARTICLE II - Address:

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

Principal Office Address:

3644 POND VIEW LANE

SARASOTA

FL 34235

Mailing Address:

3644 POND VIEW LANE

SARASOTA

FL 34235

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

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

JANE BENNETT

Name

3644 POND VIEW LANE

Florida street address (P.O. Box NOT acceptable)

SARASOTA

FLORIDA

34235

City, State, and Zip

Having been named as registered agent and to accept the appointment as registered agent and to accept the obligations of my position as registered agent at the place designated in this certificate, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am for

registered agent as provided for in Chapter 608, Florida Statutes..

f process for the above stated limited liability company and to accept the appointment as registered agent and to accept the obligations of my position as registered agent at the place designated in this certificate, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am for



Registered Agent's Signature

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04 OCT -5 PM 2:01
STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JANE BENNETT

3644 POND VIEW LANE
SARASOTA FL 34235

MGR

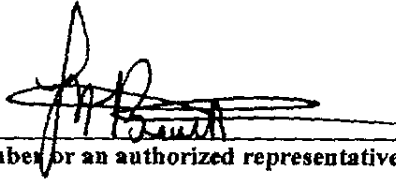
D H PITT

7440 BOTANICA PKWY
SARASOTA FL 34238

(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.)

JANE BENNETT

Typed or printed name of signee

FILED
04 OCT -5 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)