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13-2004 03:35pm From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-410 P.001/003 F-236

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Blue Sky Technologies LLC

Certificate of Status	0
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Page Count	013
Estimated Charge	\$125.00

*See attached
confirmation
sent 11/30/04.
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11/30/04 11:20 AM

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11/30/2004

Confirmation Report - Memory Send

Time : Nov-30-2004 03:32pm
Tel line : 302-575-0925
Name : DAVID WILLIAMS LAW FIRM PA

Job number : 000
Date : Nov-30 03:30pm
To : 918502050393
Document pages : 002
Start time : Nov-30 03:30pm
End time : Nov-30 03:32pm
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*** SEND SUCCESSFUL ***

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To: Division of Corporations
Fax Number : (850) 205-0323

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 220010000132
Phone : (302) 575-0826
Fax Number : (302) 575-0923

LIMITED LIABILITY COMPANY

Blue Sky Technologies LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **Blue Sky Technologies LLC**

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **4315 E. Regnas Ave., Tampa, FL 33617**

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

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

**Agents and Corporations, Inc.
Suite E, 773 4th Avenue North
Naples, FL 34102**

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.

David Williams
Registered Agent's Signature

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.

ARTICLE V – Manager/Member(s):

The initial Manager(s)/Member(s) of the Limited Liability Company shall be:
**Susan Parker
4315 E. Regnas Ave.
Tampa, FL 33617**

Susan Parker
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.)

Susan Parker
Typed or printed name of signee