



**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKYTOP, 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:

JAMES DOZIER  
(Name of Person)

BARRETT, CHAPMAN & RUTA, P.A.  
(Firm/Company)

18 WALL STREET  
(Address)

ORLANDO, FLORIDA 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES DOZIER at ( 407 ) 839-6227  
(Name of Person) (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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 APR 13 P 4: 56

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SKYTOP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7223 SOUTHWEST 55TH STREET

BUSHNELL, FLORIDA 33515

**Mailing Address:**

7223 SOUTHWEST 55TH STREET

BUSHNELL, FLORIDA 33515

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

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

VICTOR L. CHAPMAN

Name

18 WALL STREET

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

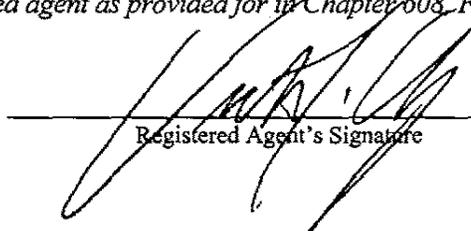
ORLANDO

FLORIDA 32801

City, State, and Zip

2005 APR 13 P 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILLED**

*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

**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

SPENCER HESS

7223 SOUTHWEST 55TH STREET  
BUSHNELL, FLORIDA 33515

MGR

SUSAN HESS

7223 SOUTHWEST 55TH STREET  
BUSHNELL, FLORIDA 33515

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(Use attachment if necessary)

**ARTICLE V-Effective Date:** Pursuant to Fla. Stat. §608.409(1), the effective date of the limited liability company's existence is five (5) business days prior to the filing of these Articles of Organization with the State of Florida.

\_\_\_\_\_  
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.)

**VICTOR L. CHAPMAN**

\_\_\_\_\_  
Typed or printed name of signee

FILED  
2005 APR 13 P 4:56  
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)

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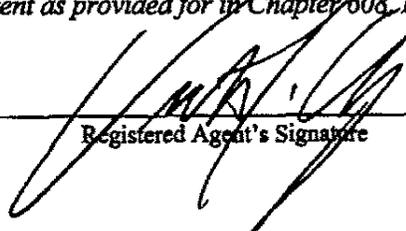
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 APR 13 P 4: 58

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MGR

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7223 SOUTHWEST 55TH STREET  
BUSHNELL, FLORIDA 33515

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SUSAN HESS

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BUSHNELL, FLORIDA 33515

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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VICTOR L. CHAPMAN

Typed or printed name of signee

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