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2005 OCT 27 P 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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10/27/05--01026--009 \*\*125.00

Joseph Almeida  
18 Wimpole Street  
Moraga, CA 94556

October 24, 2005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Registration Section**  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is my completed Articles of Organization, with regard to the newly formed LLC  
along with a filing fee in the amount of \$ 125.00

Name of LLC  
FEIN

**JA Skyway LLC**  
**03-0572291**

**Street Address**

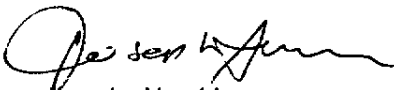
3124 SKYVIEW DR  
Lakeland, Florida 33801

**Mailing Address**

P.O. Box 2184  
Concord, CA 94521

Should you have any questions, I can be reached at my cell # 925-787-6523

Sincerely



Joseph Almeida  
cell # 925-787-6523  
fax # 925-226-4838

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

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JA Skyway LLC

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address

3124 Skyview Drive

P.O. Box 2184

Lakeland, Florida 33801

Concord, California 94521

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

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

Ron Pillay

Name

2972 White Cedar Circle

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

Kissimmee

FLORIDA 34741

City, State, and Zip

*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 606, 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:

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2005 OCT 27 P 1:51

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TALLAHASSEE, FLORIDA

Title

Name and Address

"MGR"= Manager

"MGRM" = Managing Manager

MGRM

Joseph Almeida

18 Wimpole Street

Moraga California, 94556

MGRM

Acaria Almeida

18 Wimpole Street

Moraga California, 94556

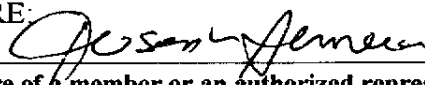
MGRM

MGRM

(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.)

JOSEPH ALMEIDA

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)