

**606000 1075 36**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000269555 3)))



H060002695553ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813)253-2020  
Fax Number : (813)251-6711

2006 NOV -6 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED****FLORIDA/FOREIGN LIMITED LIABILITY CO.****Skyline Four, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**RECEIVED**

06 NOV -6 AM 7:51

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

W4-107536  
OK

B06000269555 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SKYLINE FOUR, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**1113 SE 47TH TERRACESUITE 1CAPE CORAL, FL 33904**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Craig E. Behrenfeld

Name

601 Bayshore Blvd., Suite 700Florida street address (P.O. Box **NOT** acceptable)TampaFL 33606

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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

B06000269555 3

BBKLDOCS-#310440-v1

2006 NOV -6 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H06Q00269555 3

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

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

**Title:**

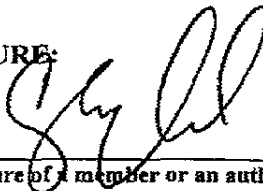
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGR
Michael J. Devito  
1803 Harbour Circle  
Cape Coral, Florida 33914
MGR
James A. Devito, Jr.  
3738 SE 4th Avenue  
Cape Coral, Florida 33904
  
  
  
  
  
  

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Craig E. Behrenfeld, Authorized Representative

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
 of Registered Agent  
 \$ 30.00 Certified Copy (Optional)  
 \$ 5.00 Certificate of Status (Optional)

2006 NOV -6 AM 8:2  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED