

Division of Corporations

Page 1 of 2

**LO7000006625**

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.**

((H07000013848 3)))



H070000138483ABC+

**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 : FOWLER, WHITE, BURNETT, ET AL  
Account Number : 071250001512  
Phone : (305) 789-9200  
Fax Number : (305) 789-9201

RECEIVED

07 JAN 18 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 JAN 18 AM 8:21

FILED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SKYLINE 3114, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Audit No. E07000013848 3

ARTICLES OF ORGANIZATION  
OF  
SKYLINE 3114, LLC

FILED  
07 JAN 18 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the limited liability company formed hereby is **SKYLINE 3114, LLC** (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

8244 N.W. 30<sup>th</sup> Terrace  
Miami, Florida 33122

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Gabriel Fallace  
8244 N.W. 30<sup>th</sup> Terrace  
Miami, Florida 33122

Audit No. E07000013848 3

Audit No. H07000013848 3


ARTICLE V

The Limited Liability Company shall be member-managed.

  
\_\_\_\_\_  
Gabriel Faillace,  
as Authorized Representative of the MembersSTATE OF FLORIDA       )  
                                      )  
COUNTY OF MIAMI-DADE   )

Before me personally appeared Gabriel Faillace, as Authorized Representative of the Members,  
☐ who is personally known to me, or ☒ who produced Driver's License  
\_\_\_\_ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 16 day of January, 2007.

NOTARY PUBLIC-STATE OF FLORIDA  
 Judith D. Rodman  
Notary Public  
Commission # DD469468  
Print Name: JUDITH D. RODMAN  
Expires: OCT. 18, 2009  
Bonded Thru Atlantic Bonding Co., Inc. My Commission expires: 10/18/2009

Audit No. H07000013848 3

Audit No. H07000013848 3

**CERTIFICATE OF DESIGNATION  
OF RESIDENT AGENT AND  
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is SKYLINE 3114, LLC.
2. The name and address of the Registered Agent and Office is:


Gabriel Faillace  
8244 N.W. 30<sup>th</sup> Terrace  
Miami, Florida 33122

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
Gabriel Faillace, Registered Agent

Date: 1/16/07

SKYLINE 3114, LLC

By:   
\_\_\_\_\_  
Gabriel Faillace,  
as Authorized Representative  
of the Members

Audit No. H07000013848 3

[Jcf] W:\71826\ARTORC\J1JDR\1/16/07-1650)

FILED  
07 JAN 18 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA