L07000/25157

(Requestor's Name)								
(Address)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

10:	Registration Division of C					,	į.				
SUBJI	ECT:	SkyView	Realty	LLC							
		(Name of Limi	ted Lial	oility Cor	npany)				_	
The en	closed Articles	of Organization and fee(s) are	submit	ted for fil	ing.						
Please	return all corres	pondence concerning this mat	ter to ti	ie follow	ing:						
		Paula	т. Вга	dley, Para	alegal						
			(Name	of Person)	į						
		McCau		Keen &B		n		•			
			(Firm/0	Company)							
		Radnor Court, Suit			dnor-0	Chester	Road				
			(Ac	ldress)							
				PA 1908							
		(CI	y/State	and Zip Co	ode)						
For fur	ther information	concerning this matter, pleas	e call:						~		
Paula ?	Γ. Bradley, Para		_ at (610	_)_		1052	j 1	SECE	7007	_
	(Nam	e of Person)		(Area C	ode &	Daytime	Telepl	none Nunti		OEC	-
Enclos	ed is a check f	or the following amount:						ור ניי	07.5		F
] \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	C	55.00 Filertified C	Ору) (160.00] Certifica Certified (additional	cop S	Fatus . ⊇	_{&} C
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	ation S on of C Build xecuti	Corporat	tions ter Cire	cle			

PLEASE RETURN FILING EVIDENCE IN ENCLOSED FEDEX MAILER.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ammary is
The partie of the Change Claumity C	oupany is:
SkyV	fiew Realty, LLC
(Must end with the words	Limited Liability Compeny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15 Barley Drive	15 Barley Drive
Gilbertsyille, PA 19525	Gilbertsville, PA 19525
	T Corporation System Name SRR O South Pine Island Road
Flor	ida street address (P.O. Box NOT acceptable)
	Plantation PL 33324 Diri
	City, State, and Zip
liability company at the place dest registered agent and agree to act in the statutes relating to the proper and c accept the obligations of my posit	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 608, F.S
St.	_D
Registered Ap	gent's Signature (REQUIRED)
	STEVEN P. ZELVER SPECIAL ASSISTANT SECRETARY

(CONTINUED)
Page 1 of 2

FLG32 - 06/28/2007 C T System Online

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Anthony Famularo
	15 Barley Drive
	Gilbensville, PA 19525
MGRM	Heather Famularo
	15 Barley Drive
	Gilbertsville, PA 19525
	ı
(Use attachment if necessary) RTICLE V: Effective date, if other than the f an effective date is listed, the date must b or 90 days after the date of filing.)	e date of filing: Upon filing (OPTIONAL) e specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	CIID KARY OF S SSEE, FLU
////.2	
Signature of a membe	er or an authorized representative of a member.
(In accordance with so	ction 608.408(3), Plorida Statutes, the execution litutes an affirmation under the penalties of perjury
	mularo, Managing Member
Ту	ped 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)

Page 2 of 2