

LD90000067158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

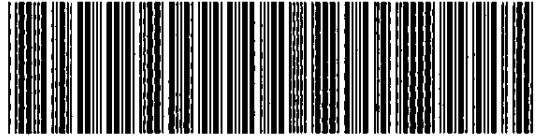
Special Instructions to Filing Officer:

L. SELLERS

JUL 21 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

William C. Keck
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John J. Reister
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Catherine L. Evans
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Steven A. Tooman
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Sarah E. Gaynor
Sarah D. Reister

Of Counsel
Michael A. Fulton

MILLIKIN & FITTON LAW FIRM
A Legal Professional Association

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July 10, 2009

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(513) 523-3700
Fax: (513) 523-0463

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Mason, Ohio 45040
(513) 336-6363
Fax: (513) 336-9411

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Skye II Investments, LLC

To Whom It May Concern:

Enclosed please find Articles of Organization for the above mentioned entity along with a check in the amount of \$130.00 for filing fees. Once the articles have been filed please return all correspondence in the envelope enclosed.

Should you have any questions or need anything further, please do not hesitate to contact me. Your assistance in this matter is greatly appreciated.

Sincerely,

MILLIKIN & FITTON LAW FIRM
A Legal Professional Association



Valerie K. Owen
Corporate Legal Assistant

/vko

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYE II INVESTMENTS, 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:

William C. Keck

Name of Person

Millikin & Fitton Law Firm, A Legal Professional Association

Firm/Company

6 South Second Street - 6th Floor

Address

Hamilton, Ohio 45011

City/State and Zip Code

owen@mfitton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Owen

Name of Person

at (

513

)

863-6700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKYE II INVESTMENTS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

223 CHESHIRE WAY
NAPLES, FLORIDA 34110

Mailing Address:

223 CHESHIRE WAY
NAPLES, FLORIDA 34110

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:

Louis Zettler, Jr.

Name

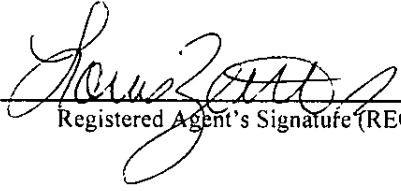
223 Cheshire Way

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

Naples FL 34110

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)

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:

MGRM

Louis Zettler, Jr.

223 Cheshire Way

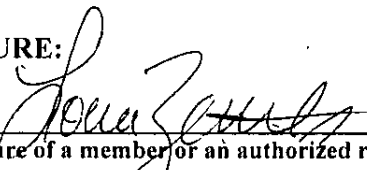
Naples, Florida 34110

(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.)

Louis Zettler, Jr.

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)

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TALLAHASSEE FLORIDA