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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : RAY A. SCHLICHTE, JR., P.A.  
Account Number : I20040000153  
Phone : (954) 923-4604  
Fax Number : (954) 923-6545

## FLORIDA/FOREIGN LIMITED LIABILITY

Skyline Impact Solutions, LLC

Certificate of Status	0
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A. LUNT  
OCT -5 2009  
EXAMINER

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ARTICLES OF ORGANIZATION  
FOR  
SKYLINE IMPACT SOLUTIONS, LLC

ARTICLE I

NAME

The name of the Florida Limited Liability Company is Skyline Impact Solutions, LLC.

ARTICLE II

COMPANY BUSINESS & MAILING ADDRESS

The mailing address and street address of the company is: 5862 West 25<sup>th</sup> Court,  
Hialeah, FL 33016.

ARTICLE III

NUMBER OF UNITS

The company is authorized to issue one thousand (1000) units.

ARTICLE IV

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the company is 2134 Hollywood  
Boulevard, Hollywood, FL 33020, and the name of the initial registered agent of the corporation at  
that office is Matthew J. Schlichte.

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ARTICLE V

INDEMNIFICATION

The company shall indemnify any incorporator, officer, or director or any former officer or director to the full extent permitted by law.

ARTICLE VI

COMPANY PURPOSE

The company shall do business in and for any purpose allowed by law.

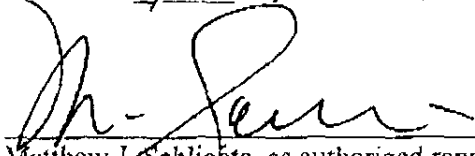
ARTICLE VII

MANAGEMENT [OFFICERS/DIRECTORS]

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of each initial manager is:

1. Robert Herrera, 5862 West 25<sup>th</sup> Court, Hialeah, FL 33016.

IN WITNESS WHEREOF, the undersigned member or authorized representative of member has executed these articles of organization this 19 day of October, 2009.

  
Matthew J. Schlichte, as authorized representative

ACKNOWLEDGMENT OF REGISTERED AGENT:


Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above 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

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provisions of 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 as provided for in Chapter 608, Florida Statutes.

  
Matthew I. Schlichte  
Registered Agent

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