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FILED  
10 JUL 26 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Skyway Wealth Management**  
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:

NICHOLAS R MCDEVITT

Name of Person

Firm/Company

4830 W KENNEDY BLVD, SUITE 800

Address

TAMPA, FL 33609

City/State and Zip Code

NMCDEVITT@FINSVCS.COM

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

For further information concerning this matter, please call:

NICHOLAS MCDEVITT

Name of Person

at ( 727 ) 439-0284

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SKYWAY WEALTH MANAGEMENT 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:

4830 W. KENNEDY BLVD, SUITE 800  
TAMPA, FL 33609

#### Mailing Address:

SAME

### 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:

Nicholas McDermitt

Name

115 112<sup>th</sup> Ave NE, APT 914

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

St. Petersburg FL 33716

City, State, and Zip

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10 JUL 26 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

[Signature]  
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

NICHOLAS R MCDEVITT

115 112TH AVE NE, APT 914

ST. PETERSBURG, FL 33609

MGRM

JEFFREY B ANDERSON

176 21ST AVE N

ST. PETERSBURG, FL 33704

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: AUGUST 1, 2010. (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.)

Nicholas McDevitt

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)**

## McDevitt, Nicholas

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### **Nicholas R. McDevitt** **Financial Advisor**

Levin Financial Group  
4830 W. Kennedy Blvd, Suite 800  
Tampa, FL 33609  
813-637-6379 office  
727-439-0284 cell  
813-287-1438 fax  
[nmcdevitt@finsvcs.com](mailto:nmcdevitt@finsvcs.com)  
[www.levinfinancialgroup.com](http://www.levinfinancialgroup.com)  
Leadership St. Pete Alum 2009  
2010 Chair, St. Pete Young Professionals

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