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Division of Corporations

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Florida Department of State  
Division of Corporations  
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.

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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Sky Training Group, LLC**

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

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DIVISION OF CORPORATIONS  
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T. HAMPTON

SEP - 3 2010

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SKY TRAINING GROUP, 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:

Sharon K. Gray

Name of Person

Triad Professional Services, LLC

Firm/Company

2050 Marconi Drive, Ste. 150

Address

Alpharetta, GA 30005

City/State and Zip Code

palmsanod@gtlaw.com

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

For further information concerning this matter, please call:

Sharon K. Gray

Name of Person

at ( 770 )

777-2091

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**ARTICLES OF ORGANIZATION  
OF  
SKY TRAINING GROUP, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is Sky Training Group, LLC (the "Company").

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 560 Lincoln Road, Suite 300, Miami Beach, Florida 33139.

**ARTICLE III- Registered Agent and Office**

The street address of the Company's initial registered agent and office is 2731 Executive Park Drive, Suite 4, Weston, Florida 33331 and the name of its initial registered agent at such office is NRAI Services, Inc.

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.

Dated this 2<sup>nd</sup> day of September, 2010

  
Debra Palmisano  
Authorized Person

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DIVISION OF CORPORATIONS  
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**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process for Sky Training Group, LLC at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 2<sup>nd</sup> day of September, 2010

NRAI SERVICES, INC.

By: Sharon K. Gray

Name: Sharon K. Gray

Title: Assistant Secretary

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