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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
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B. KOHR

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EXAMINER

STORE TARY OF STATE OF STATE OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT	: SKY Co	mmunity Developer L.L		6
		Name of Limit	ed Liability Company	1000 C
The enclos	sed Articles o	of Organization and fee(s) are	submitted for filing.	شہ
Please retu	ırn all corresp	oondence concerning this matt	er to the following:	
0.	R. Dean			
			Name of Person	
		<u> </u>	Firm/Company	
42	00 NW 7th	Avenue		
			Address	
Mia	ami FL 331		y/State and Zip Code	
Orc	deanconstri	ւղ uct@yahoo.com	y/state and Zip Code	
	10anoonour		or future annual report notification)	
For further	information	concerning this matter, please	e call:	
O. R. De			at (305) 758-1770	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed	is a check fo	or 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 Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOI	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compan	y is:
SKY Community Developer L.L.C.	رم`
(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 Address:	ne principal office of the Limited Liability Company is Mailing Address:
4200 NW 7th Ave	4200 NW 7th Ave
Miami FL 33127-2702	Miami FL 33127-2702
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
O.R. Dean	

O. R. Dea	an
	Name
4200 NW	77th Ave
	Florida street address (P.O. Box NOT acceptable)
Miami	FL 33127-2702
	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)
Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	ember
MGR	O. R. Dean
	4200 NW 7th Ave
	Miami FL 33127-2702
MGRM	Michael DePompo
	4699 N Federal Hwy Ste 103D
	Pompano Beach FL 33064-6510
новы	Allendane
MGRM	Allen Hardemon 655 NW 48th St
	Miami FL 33127-2321
	Mann 1 C 00 127 202 1
	
(II	
(Use attachment if necessary	ary)
	(OPTIONAL)
LE V: Effective date, if of	ther than the date of filing: (OPTIONAL)
	date must be specific and cannot be more than five business days p
0 days after the date of fili	ng.)
DECLUDED CLON ATU	o.r.
REQUIRED SIGNATUR	RE:
(
	J. 10. 000
Signatur	e of a member or an authorized representative of a member.
(In accord	dance with section 608.408(3), Florida Statutes, the execution
of this do	ocument constitutes an affirmation under the penalties of perjury
	facts stated herein are true.)

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)

O. R. Dean

Typed or printed name of signee