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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2011 OCT -3 AM IJ: 8

C. LEWIS

OCT 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOPEFUL SKY LL. C 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:
ANDREA MINSKY Name of Person
Roxin Soft Hopefulsky
1551 N.E. 475+
Dompano Bch Fl A 33064 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREAMINSKY at (954) 590 8028 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$160.00 Filing Fee,
 Certificate of Status Certified Copy (additional copy is enclosed) 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:

(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:	Mailing Address:
1557 N.E. 475T	1557 WE 47 ST
pompano Bch FlA	pompanoBch FLA
33064	33064
- - ,	,
ADTICLE III Dogietorod Agont Dogieto	read Office & Degistered Agent's Signature

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:

Andreas Minsky 1551 W.E. H1St

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

pompanoBon FL 33069
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: 2011 OCT -3 AM U: 51

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STALLAHASSEE, FLO
Groben minsty	ANDREAS MIN 1551 WE 4757 PLA 33064	SKY PropanoBch
		
(Use attachment if necessary)		
TICLE V: Effective date, if other than the an effective date is listed, the date must bor 90 days after the date of filing.)		
REQUIRED SIGNATURE:	0	,

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

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)