11000132659

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
| • |
| |

Office Use Only



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B. BOSTICK NOV 2 2 2011

COVER LETTER

| TO: | Registration Se Division of Cor | | • | | |
|------------------|------------------------------------|---|---|--|-----------|
| SUBJE | Sky Ai | r LLC. | | | |
| | | | ed Liability Company | <u> </u> | |
| The end | closed Articles of | Organization and fee(s) are | submitted for filing. | | |
| Please | return all correspo | ndence concerning this matt | ter to the following: | | |
| | John Pere | ez . | | | |
| | | | Name of Person | | |
| | Sky Air Ll | .C. | | | |
| • | | | Firm/Company | | |
| | 208 Graha | am Road | | 五 | <u></u> - |
| • | | | Address | 23 | |
| ſ | Fern Park, I | Florida 32730 | | 20 E 20 E 20 E | N const |
| • | | Cit | y/State and Zip Code | 1/1 <u>2</u> | |
| <u>.</u> | jperezleedar | @gmail.com | , | | Tel Engl |
| | ` | E-mail address: (to be used t | for future annual report notification) | ATE RIDA | 6 |
| For fur | ther information c | oncerning this matter, please | e call: | | |
| John | Perez | | at (407) 289-9856 | | |
| | Name o | Person | Area Code & Daytime Teleph | one Number | |
| Enclos | ed is a check for | the following amount: | | | |
| \$ 125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e | tus & |
| | | 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 Cir Tallahassee, FL 32301 | cle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| <u> </u> | (Must end with the words "Limit | ed Liability Company, "L.L.C.," or "LLC.") | |
|---|--|---|-----------------------------|
| ARTICLE II - The mailing add | | f the principal office of the Limited Liabilit | y Company is |
| Principal Offic | e Address: | Mailing Address: | |
| 208 Graham Ro | ad | 208 Graham Road | |
| ern Park, Florid | | | |
| ARTICLE III - | - Registered Agent, Regi | istered Office, & Registered Agent's Sign on Registered Agent. You must designate an individual of | |
| ARTICLE III - The Limited Liabilit business entity with | - Registered Agent, Registered Agent, Registred as its own an active Florida registration.) The Florida street address of | istered Office, & Registered Agent's Sign on Registered Agent. You must designate an individual of the registered agent are: | ranother 1 HOV 2 |
| ARTICLE III - The Limited Liabilit business entity with | - Registered Agent, Registered Agent, Registered agent, Registration an active Florida registration.) | istered Office, & Registered Agent's Sign on Registered Agent. You must designate an individual of of the registered agent are: | another 1 NOV 2 |
| ARTICLE III - The Limited Liabilit business entity with | - Registered Agent, Registered Agent, Registred as its own an active Florida registration.) The Florida street address of | istered Office, & Registered Agent's Sign on Registered Agent. You must designate an individual of the registered agent are: | ranother NOV 21 M |
| ARTICLE III - The Limited Liabilit business entity with | - Registered Agent, Registered Agent, Registered Agent, Registration of the Florida Street address of John Perez 208 Graham | istered Office, & Registered Agent's Sign on Registered Agent. You must designate an individual of the registered agent are: | ranother NOV 21 M |
| ARTICLE III - The Limited Liabilit business entity with | - Registered Agent, Registered Agent, Registered Agent, Registration of the Florida Street address of John Perez 208 Graham | istered Office, & Registered Agent's Sign on Registered Agent. You must designate an individual of the registered agent are: | another 1 HOV 2 AFF 11: 1 |

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:

| "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member MRG | John Perez 208 Graham Rol. Fern Park, FL 32730 |
| ************************************** | |
| | NOV 2 |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than the | e date of filing: (OPTIONAL be specific and cannot be more than five business days |
| | • |
| | • |
| 90 days after the date of filing.) REQUIRED SIGNATURE: | er 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)

Typed or printed name of signee



November 8, 2011

JOHN PEREZ 208 GRAHAM ROAD FERN PARK, FL 32730

SUBJECT: SKY AIR LLC Ref. Number: W11000056951

We have received your document for SKY AIR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 511A00025380