

L130000092068 ✓

(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:

W13-31560, name not avail.

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FILED
2013 JUN 25 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 26 2013

EXAMINER

Worman & Sheffler, P.A.
Attorneys At Law

2707 W. Fairbanks Ave., Suite 200
Winter Park, Florida 32789

Telephone (407) 843-5353
Facsimile (407) 841-9516

June 18, 2013

Via Federal Express

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Sky Angels Enterprises, LLC
Our File No.: 7415

Dear Sir or Madam:

Enclosed for filing are Articles of Organization for a new limited liability company known as Sky Angels Enterprises, LLC.

Enclosed is a copy of your office's letter dated May 31, which returned the previous Articles of Organization based upon a rejection for a similar business name. I understand that your office still retains the check for the filing fee that was submitted with the previous Articles of Organization.

Once the Articles have been accepted, and the LLC filed, please return a written confirmation of the filing to my office utilizing the enclosed pre-address and stamped envelope.

Thank you for your attention to this matter.

Very truly yours,

WORMAN & SHEFFLER, P.A.

Scott S. Sheffler, Esquire

SSS/alh
enclosures
cc: Jason Zapp
Marshall Pickard

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2013 JUN 25 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sky Angels Enterprises, 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:

3718 Trails End

Longwood, FL 32779

Mailing Address:

3718 Trails End

Longwood, FL 32779

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:

Marshall Pickard

Name

3718 Trails End

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

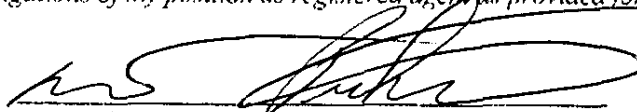
Longwood, FL 32779

FL

City, State, and Zip

2013 JUN 25 PM 4:50
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Title:

"MGR" – Manager

"MGRM" – Managing Member

Name and Address:

MGRM

Valerie Lara Pickard

3718 Trails End

Longwood, FL 32779

MGRM

Cynthia Karen Zapp

4044 W. Lake Mary Blvd., Suite 104

Lake Mary, FL 32746

MGRM

Marshall Pickard

3718 Trails End

Longwood, FL 32779

MGRM

Jason Zapp

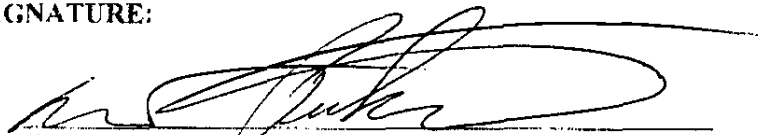
4044 W. Lake Mary Blvd., Suite 104

Lake Mary, FL 32746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. 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.)

Marshall Pickard

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)

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2013 JUN 25 PM 4:50
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2013

SCOTT SHEFFLER, ESQ.
2707 W. FAIRBANKS AVENUE
SUITE 200
WINTER PARK, FL 32789

SUBJECT: SKY HIGH ENTERPRISES, LLC
Ref. Number: W13000031560

FILED
2013 JUN 25 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SKY HIGH ENTERPRISES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000040656.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 013A00013686