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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS Account Number: 105256001620 Phone : (608) 827-5300 Fax Number : (608)827-5501

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

函数 Address:_

FLORIDA LIMITED LIABILITY CO. sky palms LLC

Certificate of Status	0
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Estimated Charge	\$155.00

AUG 2 2 2014

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ARTICLES OF ORGANIZATION sky palms LLC

ARTICLE I

NAME

The name of the limited liability company is: sky palms LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 26 Charles Barth Dr, North Attleboro, Massachusetts 02760.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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 605, F.S.

Signature:

Date: August 21, 2014

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE IV MANAGERS/MEMBERS

Marle

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Jim Mason, 26 Charles Barth Dr, North Attleboro, Massachusetts 02760

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ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

Date: August 21, 2014

(In accordance with section 605.0203 (1) (b), 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.)

Business Filings Incorporated, Organizer Mark Williams, A.V.P. Authorized Representative Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717 608-827-5300



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