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Certified Copies	. Certificates	s of Status
Special Instructions to F	Filing Officer:	





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K.BALY EXAMINER FEB 4 2015

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	SKYNN	NEX LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	s of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
		ORGE FERREIR Name of Person	<i>t</i> \ ·
	_	Name of Person	
	SKY	YNNEX	
		Firm/Company	
	10315 Kingb	brook Lane	
			,
	Orlando, F	City/State and Zip Code  Comail. Cor  d for future annual report notifica	
<del>, </del>	0	City/State and Zip Code	_
	E-mail address: (to be use	n a gmail. Wr d for future annual report notifice	ntion)
For further information	on concerning this matter, plea		
JORGE FE	me of Person at (	407 325-4 Area Code Daytime Te	1772 lephone Number
Enclosed is a check f	or the following amount:		
3 \$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)
<u>M</u> a	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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	EFFECTIVE DATE
Must and with the	NNEX, LLC s"Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
0315 Kingbrook Lane Orlando, FL 32821	10315 Kingbrook Lane Orlando, FC 32821
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an individual or registration.)
	PET EFOREINA
	Name FERREIRA
10315 Kine	O Por NOT secretable)
<u>Orlando</u> City	<del></del> . , ,
City	Zip S
the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	accept service of process for the above stated limited liability company at reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance rept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  When the company the appointment is the proper and complete performance rept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized M "MGR" = Manager	ember	and Address:	FERREIRA.	
	( <u>ni</u>	10315 Kingl	orook Lane	
			50	2015 JAN CU
			T Section of the sect	200
				Q 51
Use attachment if necess	ry)		Ç	الان أر
	**		•	اجريع
ctive date is listed, the d	er than the date of filing: One than the must be specific and cannot	$\frac{2 0  20 5}{2}$ to be more than five but	(OPTIONAL) iiness days prior to or 90	days
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ctive date is listed, the defiling.)	te must be specific and cannot			days
ctive date is listed, the defiling.) CVI: Other provisions, if	nny.  NONE			days
Filing.) EVI: Other provisions, if EVI: Othe	nny.  NONE	horized representative florida Statutes, the exect perjury that the facts statute in a document to the D	of a member.  ution of this document ated herein are true.	days

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)