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(Re	equestor's Name)					
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TILTU SEGRETARY OF STATE

JUN 1 2 2015 W PAINTER

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJEC	CT: Infinite Skies Name of	Property Wanage ment, 210 Limited Liability Company		
The encl	losed Articles of Organization and fee(s	) are submitted for filing.		
Please re	eturn all correspondence concerning this	s matter to the following:		
	· .	Anthony Vidiri Name of Person		
	Infinite	Skies Property Management		
	804 Li	authorse Drive #68		
,	North t	City/State and Zip Code		
<u></u>	E-mail address: (to be t	used for future annual report notification)		
For furth	her information concerning this matter, p	please call:		
Fr	Name of Person	Area Code Daytime Telephone Number		
Enclose	d is a check for the following amount:			
\$125.00	O Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee & Certificate of Status	<b>▼</b>		
	Mailing Address	Street/Courier Address		
Registration Section Division of Corporations		Registration Section Division of Corporations		
•	P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Frank Miccio MGR	804/ighthouse Drews
Anthony Victir i MGR	804 lighthouse Dr #6B Np5, FZ 33408
(Use attachment if necessary)	
fective date is listed, the date must be speci	filing:
fective date is listed, the date must be speci- of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 da
rective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memical constitutes an affirmation under the sum of the section of the sect	filing:
rective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memical (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the section are constituted to the section of the sectio	ber or an authorized representative of a member.  0203 (I) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
rective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memical (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the section are constituted to the section of the sectio	ber or an authorized representative of a member.  0203 (I) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  ation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a meml (In accordance with section 605.0 constitutes an affirmation under the section accordance that any false information constitutes a third degree felony accordance is a section of the section of the section accordance with section of the	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Filing Fees:  nization and Designation of Registered Agent

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	ed Liability Company is:				
<i>x</i> 0		<b>)</b>	40		
<u>+17+10</u>	THE SKIES P Must end with the words "L	roperty 1	vianagen	rnt, LLC	
(1	viust end with the words "L	imited Liability C	ompany, L.L.C.,	or LLC. )	
ARTICLE II - Addre		.'1 . cc ca	r taata di Kabupata	C	
The mailing address an	nd street address of the princ	cipal office of the	Limited Liability	Company is:	
Principal Office Address: 804 Lianthage Or 168		<u>Mailing</u>	Mailing Address:  804 L'ANHOUSE Dr. 46B  NON. FL 33408		
		806			
804 lighthase Or 16B 804 EL 33408		NPI	NPH, FL 33408		
	itered Agent, Registered Company cannot serve as in				
	y with an active Florida regi		Agent. Tou must	designate an individual of	
The name and the Flori	ida street address of the reg	istared agent are:			
The name and the Profit	_	_		·	
	An	thony hai	<u>(1</u>	<del>-</del>	
	001112	thony Vidi Name nouse Dr. #	Lo		
	Florida street address (D	O Pau NOT age	opp ,	-	
Florida street address (P.O.					
	NPB City	FL	33408 Zip	-	
	City		Zip		
Having been named a	s registered agent and to ac	cept service of pro	cess for the above	stated limited liability company at	
the place designate capacity. I further as	ed in this certificate, I hereby gree to comply with the prov	v accept the appoir visions of all statut	ntment as registere es relating to the p	d agent and agree to act in this roper and complete performance	
		the obligations of	my position as reg	ristered agant as provided for in	
		Chapter 605, F.S	<u>.</u> .	SS - S	
	•	<del>\ /</del> .:			
	Registered Agent's	Signature (REOI	IIRED)		
	registered regent t	S DIBITATION (ILE)	onces,		
	(CON	NTINUED)		₩ <b></b>	
	(103)	· · · · · · · · · · · · · · · · · · ·		•	
	Pε	ge 1 of 2			