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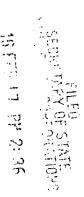
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~ 0426/16

COVER LETTER

	Skymand Living LLC
SUBJECT	
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this matter to the following:
	Hudson Harr
	Name of Person
	Skyward Living
	Firm/Company
	200 Mirror Lake Dr N
	Address
	St. Petersburg, FL 33710
:	City/State and Zip Code sunquestenergy2@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Hudson Harr 727 421-5118
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
]\$12 5.00 Fi	•
	Mailing Address New Filing Section Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TICLE I - Name: e name of the Limited Liability Company is:	
Skyward Living, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
TICLE II - Address: e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 Mirror Lake Dr N	200 Mirror Lake Dr N
St. Petersburg, FL 33701	St. Petersburg, FL 33701
TICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	stered Agent. You must designate an individual or
e name and the Florida street address of the registered ager	nt are:
Hudson Harr	

200 Mirror Lake Dr N
Florida street address (P.O. Box NOT acceptable)
St. Petersburg FL 33701

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:		
"AMBR" = Autho			
"MGR" = Manage			
MGR	Hudson Harr 200 Mirror Lake Dr	NI	_
	St. Petersburg, FL 3	IN	
	St. Petersburg, PL 3.	3701	_
			_
			_
			_
			_
			_
EV: Effective dat	, if other than the date of filing:	. (OPTIONAL)	
ctive date is listed f filing.) the date inserted i	this block does not meet the applicable statutory filie on the Department of State's records.	i five business days prior to or	
EV: Effective dat ctive date is lister f filing.) the date inserted i nent's effective da EVI: Other provis	this block does not meet the applicable statutory filing on the Department of State's records.	sentative of a member. 505.0203 (1) (b), Florida Statute to the Department of Statute to the Statute to	not be
EV: Effective dat ctive date is lister f filing.) he date inserted i nent's effective da EVI: Other provis	this block does not meet the applicable statutory filing on the Department of State's records. Signature of a member or an authorized repressis document is executed in accordance with section of a ware that any false information submitted in a document is a consumption of the c	sentative of a member. 605.0203 (1) (b), Florida Statute of the Department of Stat. 155, F.S.	not be

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)