

21600191569

(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:

Office Use Only



800291153108

10/17/16--01042--004 **160.00

16 OCT 17 PM 5:45

STATE
CLERK
TALLAHASSEE, FLORIDA

M. MOON
OCT 17 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYNET Consulting, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VINCENT O. MITCHELL
Name of Person

SKYNET Consulting, LLC.
Firm/Company

11347 Reflection Isle Blvd
Address

FT. MYERS FL 33912
City/State and Zip Code

VMITCHELL3030@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT O. MITCHELL at 239 823.9417
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 OCT 17 PM 5:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKYNET CONSULTING, 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:

Mailing Address:

11347 REFLECTION ISLE BLVD
FT. MYERS, FL
33912

11347 REFLECTION ISLE BLVD
FT. MYERS, FL
33912

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:

VINCENT O. MITCHELL
Name

11553 PLANTATION PRESERVE CIR S
Florida street address (P.O. Box NOT acceptable)
FT. MYERS FL 33466
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..

Vincent O. Mitchell
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 OCT 17 PM 5:45

RECEIVED
STATE
OF FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MGR

VINCENT O. MITCHELL
11553 PLANTATION PRESERVE Cir S
FT MYERS, FL 33966

THAD GENTLEMAN
11347 REFLECTION ISLE BLVD
FT MYERS, FL 33912

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Vincent O. Mitchell

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

VINCENT O. MITCHELL
Typed or printed name of signer

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)

16 OCT 17 PM 5:45

STATE
CLERK
FLORIDA