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**Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

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**FLORIDA LIMITED LIABILITY CO.
SKYLINE DEVELOPER, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

SKYLINE DEVELOPER, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SKYLINE DEVELOPER, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**6850 CORAL WAY SUITE 407
MIAMI, FL 33155**

The mailing address shall be:

**6850 CORAL WAY SUITE 407
MIAMI, FL 33155**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

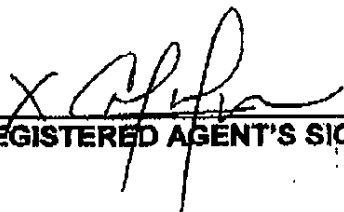
CARLOS M MANZANO

6850 CORAL WAY SUITE 407

Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL 33155
City, State, and Zip

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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

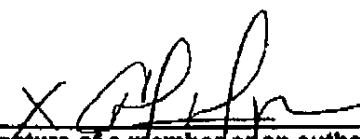
ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

CARLOS M MANZANO
6850 CORAL WAY SUITE 407
MIAMI FL 33155

MANAGER

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.
(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.)

CARLOS M MANZANO
Typed or printed name of signee

CLARA GIRALDO EA.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300