Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From;

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

SKYLYFE MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLESOFO	PRGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability	Company is:	
SKYLYFE MIAMI LL		
(Must contain	the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office of th	c Limited Liability Company is:
<u>Principal</u>	Office Address:	Mailing Address:
601 NW 109 AVE UNI		601 NW 109 AVE UNIT 2
MIAMI FL, 33172-373	2	MIAMI FL, 33172-3732
ARTICLE III - Registered Agent (The Limited Liability Company or another business entity with an act The name and the Florida street add	unnot serve as its own Registere ive Florida registration.)	d Agent. You must designate an individual or
	Tax Care Doral	<i>,</i>
•	Name	
_	1400 NW 107th Ave Ste 430	
	Florida street address (P.O. Bo	x <u>NOT</u> acceptable)

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 open 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..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

AMFR = Authorized Member **MGR* = Manager MGRM Jessica A. Brito		Name and Address:
MGRM Sessica A. Brito Sol NW 109 AVE UNIT 2		ىم.
MGRM Carlos A. Brito Carlos A. Brito Carlos A. Brito Control NW 109 AVE UNIT 2 MIAMI FL, 33172-3732 (OPTIONAL) (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to urselective date is listed, the date must be specific and cannot be more than five business days prior to urselective date inserted in this block does not meet the applicable statutory filling requirements, this date will not be comment's effective date on the Department of State's records. CLE VI: Other provisions, if any. and All Lawful Business REOURED SIGNATURE: This document is executed in accordance with section 603.0203 (1) (a), Florida Statutes I am avare 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, P.S. JESSICA A. BRITO Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optionat)		Jessica A. Brito
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