Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

Phone : (727) 279-5037

Fax Number : (727)888-1294

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

Email Address: Anthony.tobe@yahoo.com

FLORIDA LIMITED LIABILITY CO. Skyview Jet Ski N Watersports LLC

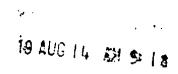
Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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COVER LETTER

Tuesday, August 6, 2019

New Filing Section To: Division of Corporation

17278881294

Subject: Skyview Jet Ski N Watersports 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:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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Articles of Organization

For

Skyview Jet Ski N Watersports LLC A Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: Skyview Jet Ski N Watersports LLC (the Company).

ARTICLE II Address

The mailing address and street address of the principal office of the Company is:

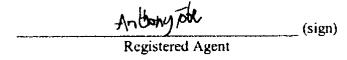
4604 49th Street N., Suite 1013 St. Petersburg, Florida 33709

ARTICLE III Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Anthony Tobe 4604 49th Street N., Suite 1013 St. Petersburg, Fl 33709

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.



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ARTICLE IV Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address	
AMBR = Authorized Member MGR = Manager		
Ambr	Anthony Tobe 4604 49th Street N., Suite 1013, Florida 33709	

ARTICLE V

	The Effective date shall be the dat	te of filing.
	Antonyrote	(sign)
This documen	t is executed in accordance with section 605	i.0203 (1) (b), Florida Statutes.
	t any false information submitted in a docur astitutes a third degree felony as provided fo	
	Anthony Tobe	
	Authorized Representative/M	lember