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TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: BLUE SKY QUANTA, 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:

NORMAN A. KENT

(Name of Person)

BLUE SKY QUANTA, LLC

(Firm/Company)

P.O. BOX 1749

(Address)

FLAGLER BEACH, FL 32136

(City/State and Zip Code)

For further information concerning this matter, please call:

JERRY C. KNIGHT (Name of Person)

at 386 437-6744 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 ☐ \$130.00 ☐ \$155.00 ☐ \$160.00

Filing Fee & Filing Fee & Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Certified Copy

Cover Letter

2017/19/15 711/9/20

To: NEW FILING SECTION

Division of Corporations

ATTN:Ms.Fason

From: Norman Kent

Blue Sky Quanta, LLC.

Ms.Fason,

The filing fee has already been paid on July 26th. This is a revised application for a form that we sent in that was wrong. Please update and approve.

Thank you,

Norman Kent

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: .

BLUE SKY QUANTA, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company

Principal Office Address:
91 MALA COMPRA ROAD
PALM COAST, FL 32137

Mailing Address: P.O. BOX 1749 FLAGLER BEACH, FL 32136

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

NORMAN A. KENT

(Name)

91 MALA COMPRA ROAD

Florida street address (P.O. Box NOT acceptable)

PALM COAST, FL 32137

City, State, and 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 cartificate. I here by a compile 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 compile comperformance of my duties, and I am familiar with and accept the obligations of the provision as registered agent as provided for in Chapter 108, F.S.

Registered Agent's Signature

(CONTINUED)
Page I of 2

TITO

ARTICLE IV- Monager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	OWNERSHIP	Name and Address:
*AMBR" - MANAGER	50.0%	NORMAN A. KENT
		P.O. BOX 1749
		FLAGLER BEACH FL 321 16

"AMBR"—MANAGER

59.0%

CAROLINE LAYNE 4272 RIPKEN CIRCLE EAST JACKSONVILLE, FL 322.4

ATRICLE V-Purpose

THE PURPOSE OF THIS LLC IS TO MANUFACTURE, PRODUCE, PURCHASE OR OTHERWISE AQUIRE, SELL, RENT, IMPORT, EXPORT, DISTRIBUTE AND DEAL IN GOODS, WARES, SERVICES, MERCHANDISE AND MATERIALS OF ANY KIND AND DESCRIPTION. THE FOREGOING PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE LLC FROM EXTENDING ITS ACTIVITIES TO ANY ILLATED OR OTHER WISE PERMISSIBLE LAWFUL BUSINESS PURPOSES WHICH MAY BECOME NECESSARY, PROFITABLE OR DESIRABLE FOR THE FURTHERANCE OF COMPANY OBJECTIVES EXPRESSED ABOVE.

ARTICLE V-Effective Date

THE EFFECTIVE DATE OF THIS LIMITED LIABILITY COMPANY SHALL BE AUGUST 08, 2019

REQUIRED SIGNATURE:

Signature of a member or an pathorized representative of a n ember.

(In accordance with section 603.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

NORMAN A. KENT

Typed or printed name of sign x