

U900026279

Florida Department of State

Division of Corporations

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((H19000321886 3)))



H190003218863ABCS

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To:

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

From:

Account Name : SALOMON B. ESQUENAZI, P.A.
Account Number : I20130000020
Phone : (954)989-4995
Fax Number : (954)989-4991

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

Email Address: corporate@esquenazi-law.com

**FLORIDA LIMITED LIABILITY CO.
SKY MARINE VENTURE, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2019 OCT 31 AM 9:35

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

ARTICLE I. Name

The name of the Limited Liability Company is:

SKY MARINE VENTURE, LLC

ARTICLE II. – Addresses

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

20200 W. Dixie Hwy, Suite 904
Miami, FL 33180

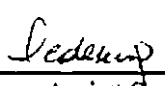
**ARTICLE III – Registered Agent, Registered Office,
& Registered Agent's Signature:**

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

Corporate Solutions of South Florida, Inc.
4651 Sheridan Street, Suite 355,
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc



Maria J. Ledesma, Assist. Secretary

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This instrument was prepared by:

Salomon B. Esquenazi, P.A.

4651 Sheridan Street, Suite 355

Hollywood, Florida 33021

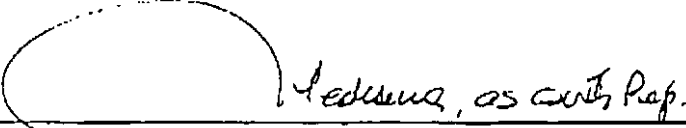
(954) 989-4995

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ARTICLE IV. – Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

Aldo Facchi
20200 W. Dixie Hwy, Suite 904
Miami, FL 33180



Print name: Maria J. Ledesma, as Auth. Rep.
Signature of a member or 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.
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.817.135, F.S.)

4837-1313-3483, v. 1

Audit No: H19000321886 3
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
Salomon B. Esquenazi, Esq.
4651 Sheridan Street, Suite 335
Hollywood, Florida 33021
(954) 989-4995