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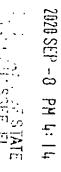
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

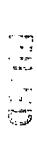
Office Use Only



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COVER LETTER

	New Filing Sec Division of Co					
SUBJEC		onitoring LLC				
SUBJEC	.1:	Name of L	imited Liabi	lity Company		
The enclo	osed Articles of	Organization and fee(s) a	re submitted	d for filing.		
Please re	turn all correspo	ondence concerning this n	natter to the	following:		
	Laura Frazza	ino				
			Name o	f Person		
	Skyline Mor	nitoring LLC				
			Firm/Co	этрапу		
	1385 W Can	iino Real				
		-	Add	ress		
	Boca Raton					
	Paramul 62(0)		City/State ar	nd Zip Code		
	Romero 162@	E-mail address: (to be use	d for future	annual report notificati	ion)	
For further		ncerning this matter, pleas		annual report normous	,	
	Laura Frazza	-	104	775-9794		
	Nam		Area Code	Daytime Telephon	e Number	
Enclosed	is a check for the	he following amount:				
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	i5.00 Filing Fee & ied Copy ial copy is enclosed)	■\$160.00 Filin Certificate of St Certified Copy (additional copy is	atus &
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	et, Suite 810	-8 PM 4:1

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager		
With - Wanager		
MCD/AMDD	Laura Frazzano	
MGR/AMBR	1385 W Camino Real	_
	Bpca Raton, FL. 33486	-
AMBR	Amy Turk-Miblade	
	JOHN POR FI. 34286	_
	JORFA PORT SP1. 34286	-
	<u> </u>	-
		_ _
		_
		_
(Use attachment if necessary)		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Skyline Monitoring LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1385 W Camino Real	SAME
Boca Raton, FL. 33486	
de conned clabinty Company cannot serve as its own Registe	TCQ Agent. You must designate an individual or
the Limited Liability Company cannot serve as its own Registe other business entity with an active Florida registration.) e name and the Florida street address of the registered agent a	re:
other business entity with an active Florida registration.) e name and the Florida street address of the registered agent a	re:
other business entity with an active Florida registration.)	re:

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 (REQUIRED)

(CONTINUED)

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