

L21000170132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

P.O.K. 12

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WAIT

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MAIL

(Business Entity Name)

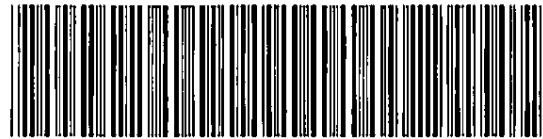
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Certificates of Status _____

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2021 APR 20 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Skyline Pilot LLC

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
☒ L.C. File _____
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____ RA Resignation _____
____ Dissolution / Withdrawal _____
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☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SKYLINE PILOT 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:

VALERIE TALBOT

Name of Person

Firm/Company

6633 Skyline Drive

Address

Delray Beach, Florida 33446

City/State and Zip Code

valtsml@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Talbot

561-

376-6361

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VR

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 APR 20 PM 12:59

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

SKYLINE PILOT LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6633 Skyline Drive

Delray Beach, FL 33446

6633 Skyline Drive

Delray Beach, FL 33446

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Valerie Talbot

Name

6633 skyline drive

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

Delray Beach

Florida

33446

City

State

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 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.,

Valerie Talbot

Registered Agent's Signature (REQUIRED)

(CONTINUED)

✓

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Valerie Talbot
6633 Skyline Drive
Delray Beach, FL 33446

AMBR

Eric Larson
6633 Skyline Drive
Delray Beach, FL 33446

(Use attachment if necessary)

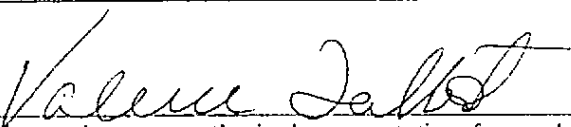
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

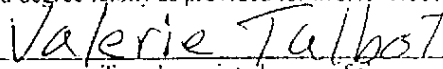
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.817.155, F.S.



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2021 APR 20 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FL

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