

L21000291795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

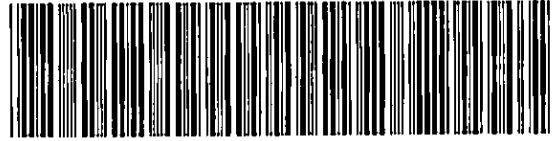
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUN 23 PM 3:20  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/23/2021

**\*\*WALK IN\*\***

ENTITY NAME SKY DEVELOPERS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
XXXX  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 155.00

ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**ARTICLES OF ORGANIZATION  
OF  
SKY DEVELOPERS, LLC**

The undersigned, as the authorized representative of the organizing members of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I  
Name**

The name of the Company is Sky Developers, LLC.

**ARTICLE II  
Initial Principal Office Street and Mailing Address**

The Company's initial principal office street address and mailing address is 861 19th Ave N, St. Petersburg, FL 33704.

**ARTICLE III  
Initial Registered Agent and Office**

The street address of the initial registered office of the Company is 861 19th Ave N, St. Petersburg, FL 33704, and the name of its initial registered agent at that address is Hollie Schmidt.

**ARTICLE IV  
Organizing Members**

The name and address of the organizing members are:

<u>Name</u>	<u>Address</u>
Hollie Schmidt	861 19th Ave N St. Petersburg, FL 33704
James Kessler	5480 Truman Mountain Rd. Gainesville, GA 30506

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**ARTICLE V**  
**Authorized Representative**

The name and address of the authorized representative is:

Name

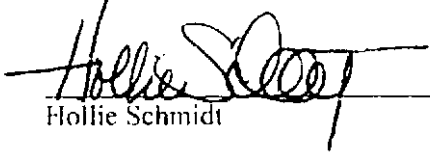
Address

Hollie Schmidt

861 19th Ave N  
St. Petersburg, FL 33704

Dated this 27 day of May 2021.

**Authorized Representative:**

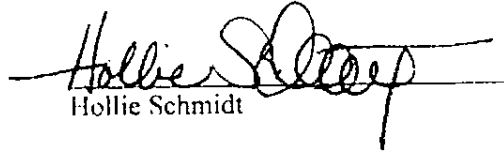
  
Hollie Schmidt

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 27 day of May 2021.

**REGISTERED AGENT:**

  
Hollie Schmidt

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