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





10/22/21--01024--008 \*\*150.00

# **COVER LETTER**

TO:	New Filing S Division of C				
SUB.	JECT: SKYLIN	SE WAY LLC			
			sulting Florida Lim	ted Con	ipany)
			_		d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Plcas	e return all corr	espondence concernin	g this matter to:		
APRI	L FRANCIA, ESC	Ω.			
		(Contact Person)		_	
ROB	ERT H. MONTGO	OMERY, III. ESQ, PC			
		(Firm/Company)	• .	_	
230 5	BROAD ST ST	E 305			
		(Address)		_	
PHIL	ADELPHIA, PA 1	9102			
	(1	City, State and Zip Code)		_	
APRI	L@RMONTGOM	MERY-LAW.COM		_	
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
APRIL FRANCIA, ESQ. 21.6			_at (	731-	1404 ,X 6
	(Name of Conta	act Person)	(Area Code		time Telephone Number)
		for the following amount a bank located in the		process	ed by this office must be payable in US
(\$25 fc & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	•	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection orporations		New I Divisi	Address: Filing Section on of Corporations
	P.O. Box 632 Tallahassee, 1				entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ROBERT H. MONTGOMERY, III, ESQUIRE, P.C.

230 SOUTH BROAD STREET SUITE 305 PHILADELPHIA, PA 19102 Phone (215) 731-1404 Fax (215) 701-1861

Robert H. Montgomery, III \*

Anna M. Flaslinsky

April V. Francia A

Kimberly Rest Montgomery, of counsel †

Margaret E. Bowles, of counsel a

Except as noted below, members of the Pennsylvania & New Jersey Bars

\* Also member of Texas, Arizona, Georgia, Maryland, Muinesota, New York, Ohio, Oklahoma, Oregon, Dtah, Virginia & Washington Bars

A Member of Pennsylvania Bar, only

† Also member of District of Columbia Bar

Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

Sender's E-mail: James@RMontgomery-Law.com

### Via FedEx

New Filing Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

October 26, 2021

JAFASON

Articles of Conversion and Articles of Organization Re: Skyline Way LLC

Dear Sir/Madam:

Please find enclosed for filing the Articles of Conversion and Articles of Organization to be filed on behalf of "Skyline Way LLC" for the purpose of converting this existing Pennsylvania limited liability company into a Florida limited liability company. The previous filing of the same document (document number W21000141108) was rejected because it lacked one of the necessary signatures. The filing has been fixed.

Please reach out to me directly with any questions. Thank you. Very truly yours. James Burnett

# **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Ar SKYLINE WAY LLC	ticles of Conversion is:
(Enter Name of Other Business Entity)	<del></del>
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, con	amon law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter state, or if a non-U.S. entity.	the name of the country)
On AUGUST 2, 2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the <b>attached</b> A SKYLINE WAY LLC	articles of Organization:
(Enter Name of Florida Limited Liability Company)	<u> </u>
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or filed date nor more that the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	n 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statute	es.
6. The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	raisal rights the amount to
	202
	2021 (10.1 27
	27
	T).

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
SKYLINE WAY LLC	
(Must contain the words "Limited Liability C	Tompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
7901 4TH ST N STE 300	7901 4TH ST N STE 300
ST, PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702
ARTICLE III - Registered Agent, Registered Office, & Registered Company cannot serve as its own Registered another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are	d Agent. You must designate an individual or

REGISTERED AGENTS INC.

Name

7901 4TH ST N STE 300

Florida street address (P.O. Box <u>NOT</u> acceptable)

ST. PETERSBURG FL 33702

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)