Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000056212 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

FLORIDA LIMITED LIABILITY CO. SKYLINE PRODUCTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

20

850-617-6381

2/11/2022 6:52:17 PM PAGE 1/001 Fax Server



February 11, 2022

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: SKYLINE PRODUCTIONS, LLC

REF: W22000016623

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000045636.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H22000056212

Regulatory Specialist II Supervisor Letter Number: 622A00003521

New Filing Section

Page: 4 of 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Skyline AV Pi	roduction Group,	LLC	
(Must cor	main the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
RTICLE 11 - Address: ne mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
19620 SW 240 ST		1962	20 SW 240 ST
			
RTICLE III - Registered As the Limited Liability Comparother business entity with an	gent, Registered Office, & ly cannot serve as its own l	& Registered Agen Registered Agent.	MESTEAD, FL 33031 nt's Signature: You must designate an individu
RTICLE III - Registered Ag	gent, Registered Office, & sy cannot serve as its own I active Florida registration t address of the registered	& Registered Agei Registered Agent.	nt's Signature:
RTICLE III - Registered A; he Limited Liability Compan other business entity with an	gent, Registered Office, é ly cannot serve as its own l l active Florida registration	& Registered Agei Registered Agent.	nt's Signature:
RTICLE III - Registered A; he Limited Liability Compan other business entity with an	gent, Registered Office, & sy cannot serve as its own I active Florida registration t address of the registered	& Registered Agei Registered Agent. a.)	nt's Signature:
RTICLE III - Registered A; he Limited Liability Compan other business entity with an	gent, Registered Office, & sy cannot serve as its own I active Florida registration t address of the registered. GEORGE MITAT	& Registered Agent. a.) agent are: Name	nt's Signature: You must designate an individe
RTICLE III - Registered A; he Limited Liability Compan other business entity with an	gent, Registered Office, & sy cannot serve as its own I active Florida registration taddress of the registered GEORGE MITAT	& Registered Agent. a.) agent are: Name	nt's Signature: You must designate an individ

Having been named as registered agent and to accept service of process for the above stated limited tiability 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)

1.44 E 11:21

<u>Litie:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	GEORGE MITAT 19620 SW 240 ST HOMESTEAD, FL. 33031
	E-17
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Use attachment if necessary)	
ctive date is listed, the date must be s f filing.) the date inserted in this block does not	te of filing:
etive date is listed, the date must be s f filing.) the date inserted in this block does not nent's effective date on the Departmen	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will not at of State's records.
etive date is listed, the date must be s f filing.) the date inserted in this block does not nent's effective date on the Departmen E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will not at of State's records.
ctive date is listed, the date must be a filling.) the date inserted in this block does not nearl's effective date on the Department VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rather that any fall am aware that any fall.	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will not at of State's records.
ctive date is listed, the date must be a filling.) the date inserted in this block does not nearl's effective date on the Department VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rather that any fall am aware that any fall.	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, isse information submitted in a document to the Department of State are felony as provided for in s.317.155, F.S.
ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any. REOURED SIGNATURE: Signature of a rather document is exectly an aware that any falconstitutes a third degree GEORGE MIT	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member, sated in accordance with section 605.0203 (1) (b). Florida Statutes, is information submitted in a document to the Department of State rece felony as provided for in s.317.155, F.S. AT Typed or printed name of signee Filing Free:
ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a rather document is exectly an aware that any falconstitutes a third degree GEORGE MIT	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, is information submitted in a document to the Department of State receled in accordance with section 605.0203 (1) (b). Florida Statutes, is information submitted in a document to the Department of State receled in a provided for in s. 317.155, F.S. AT Typed or printed name of signed Filing Free: Preganization and Designation of Registered Agent
ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rather of a management of the constitutes a third degree of the constitutes a third degree of the constitutes of the c	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, is information submitted in a document to the Department of State receled in accordance with section 605.0203 (1) (b). Florida Statutes, is information submitted in a document to the Department of State receled in a provided for in s. 317.155, F.S. AT Typed or printed name of signed Filing Free: Preganization and Designation of Registered Agent