

# L22000274715

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

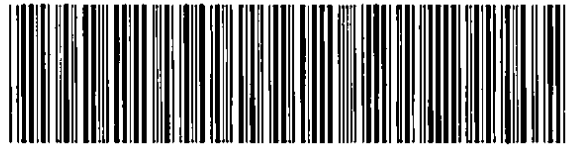
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS  
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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 06/15/22**

**NAME: SKYWOOD POINT LLC**

**TYPE OF FILING: ARTICLES**

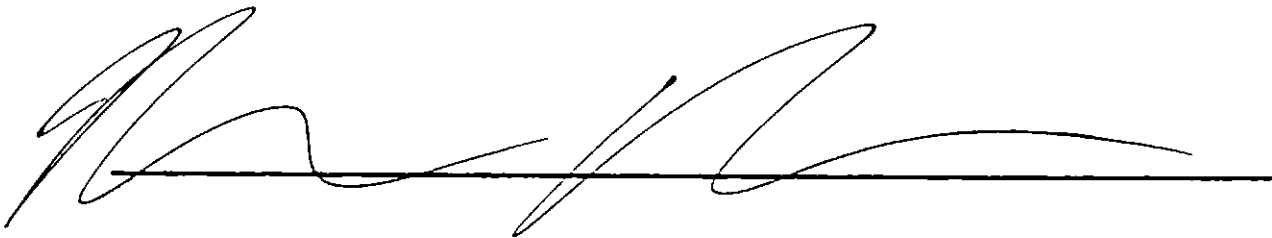
**COST: 125.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2022 JUN 15 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I – NAME:**

The name of the Limited Liability Company is: SKYWOOD POINT LLC

**ARTICLE II – Address:**

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

Principal Office Address

13 First Ave.  
Waterbury, CT 06710

Mailing Address

13 First Ave.  
Waterbury, CT 06710

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

RIVERSIDE FILINGS LLC  
155 OFFICE PLAZA DR. 1<sup>ST</sup> FL.  
TALLAHASSEE, FL 32301

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..

/S/ELLIOTT TEITELBAUM

Registered Agent's Signature

**REQUIRED SIGNATURE:**

/S/ELLIOTT TEITELBAUM

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.

ELLIOTT TEITELBAUM

Typed or printed name of signee