

L22000352768

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H22000273240 3)))



H220002732403ABCW

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 : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (786)901-8020

REGISTRY OF MAIL  
TALLAHASSEE, FL

2022 AUG 12 PM 2:55

FILED

\*\*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.  
SKY CHAIR LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
OF  
SKY CHAIR LLC  
ARTICLE I - NAME**

The name of this limited liability company is SKY CHAIR LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 3300 University Boulevard, Winter Park, Florida 32792.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Jason S. Rimes.

**ARTICLE IV - MANAGEMENT**

The Company is a manager-managed limited liability company. The initial manager of the Company is Jonathan D. Phelps.



\_\_\_\_\_  
Jason S. Rimes, Authorized Representative

STATE OF FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 AUG 12 PM 2:55

**FILED**

**ACCEPTANCE OF REGISTERED AGENT**

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 608, Florida Statutes.



\_\_\_\_\_  
Jason S. Rimes