Division of Corporati

42676

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.

(((H240001136293)))



H240001138293ABC

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 : DUNWODY WHITE & LANDON, P.A./ PALM BEACH

Account Number : 120020000176

: (239)263-5885 Phone ; (239)262-1442 Fax Number

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

Email Address: dcapes@dwl-law.com

FLORIDA LIMITED LIABILITY CO. SKIHEAVEN LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000113629 3)))

ARTICLES OF ORGANIZATION

OF

SKIREAVEN LLC

FIRST:

The name of the Limited Liability Company is SKHIEAVEN

LLC.

The mailing address and street address of the principal office of the SECOND: Limited Liability Company is 6897 Grenadier Blvd., #901, Naples, FL 34108.

<u> TIIIRQ:</u>

The name and street address of the Registered Agent are as

follows:

DANIEL K. CAPES, ESQ. Dunwody White & Landon, P.A. 4001 Tamiami Tmil N., Suite 200 Naples, Fl. 34103

Having been named as registered agent and to accept service of process for this 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 statues 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.

The Limited Liability Company is to be managed by adManaged FOURTH: and the name and address of the Managers are as follows:

James W. Owens, Manager 6897 Grenadier Blvd., #901 Naples, FL 34108

Kathrine M. Owens, Manager 6897 Grenndier Blvd., #901 Naples, FL 34108

In accordance with §605.0203(1)(h), E.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. 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 §817.155, F.S.

والمعافية مرمض والمنافقة والمعورة كريان والمواجر والويون والواري ومرووي والرواي

Date: March 25, 2024

Date: March 25, 2024