

L24000298246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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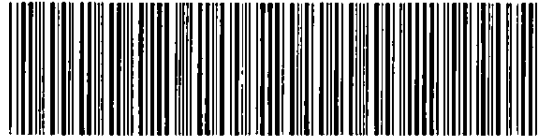
(Business Entity Name)

(Document Number)

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MS

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SKYLINE VACATION RENTALS MA LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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Will Pick Up

11. Pender + Pender - Tallahassee, FL & DC

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
OF  
SKYLINE VACATION RENTALS MA LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **SKYLINE VACATION RENTALS MA LLC**, ("Company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

27666 SW 143<sup>rd</sup> Court  
Homestead, FL 33032

Mailing Address:

27666 SW 143<sup>rd</sup> Court  
Homestead, FL 33032

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

D. Ross Bridger  
6750 N. Andrews Ave, Suite 200  
Ft. Lauderdale, Florida 33309

*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..*

*D. Ross Bridger*  
D. Ross Bridger

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ARTICLE IV - MANAGER

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"MGR" = MANAGER

Name and Address:

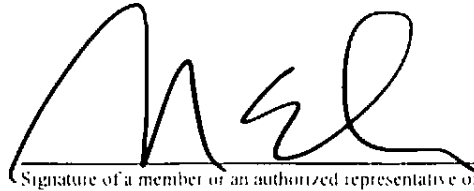
MGR

Nadir N. Elamri  
27666 SW 143<sup>rd</sup> Court  
Homestead, FL 33032

MGR

Youssef Elamri  
27666 SW 143<sup>rd</sup> Court  
Homestead, FL 33032

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nadir N. Elamri  
\_\_\_\_\_  
Typed or printed name of signee

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