

11/11/24, 2:37 p.m.

H240003701003

Division of Corporations

L24000470137

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.

(((H240003701003)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LATIN AMERICAN TAXPRO  
Account Number : I20220000106  
Phone : (407)318-0823  
Fax Number : (561)467-5851

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

Email Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.  
SKYLINE BUSINESS GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

T.S.H  
11/7/24

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SKYLINE BUSINESS GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

ALONSO ALEJANDRO, BARBOZA SOTO

ALONSO

Name of Person

SKYLINE BUSINESS GROUP LLC

Firm/Company

3367 W VINE ST SUITE 203

Address

KISSIMMEE FLORIDA 34741

City/State and Zip Code

INFO@SKYLINEBUSINESSGROUP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALONSO ALEJANDRO, BARBOZA SOTO

407

747 9910

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee &  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SKYLINE BUSINESS GROUP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:3367 W VINE ST SUITE 203  
KISSIMMEE FLORIDA 34741Mailing Address:3367 W VINE ST SUITE 203  
KISSIMMEE FLORIDA 34741

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALONSO ALEJANDRO BARBOZA SOTO

Name

3367 W VINE ST SUITE 203Florida street address (P.O. Box **NOT** acceptable)KISSIMMEEFLORIDA34741

City

State

Zip

*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.*

Alonso Barboza

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

OFFICE MGR

in effect

date of filing

date of filing

Office MGR

ALONSO ALEJANDRO. BARBOZA SOTO

2598 CYPRESS COVE DR

KISSIMMEE FLORIDA 34741

FRANCIS CAROLINA. CASTRO BRAVO

2598 CYPRESS COVE DR

KISSIMMEE FLORIDA 34741

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:***Alonso Barboza*

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.

ALONSO ALEJANDRO. BARBOZA SOTO

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**FILED**

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TALLAHASSEE, FLORIDA

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