

L25000013488

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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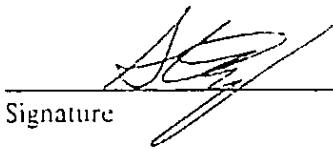
CAPITAL CONNECTION, INC.

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

19331 SKYLAKE, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley


Signature

Requested by:

Name _____ Date _____ Time _____

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_____ Art of Inc. File _____
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_____ Art. of Amend. File _____
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_____ Annual Report / Reinstatement _____
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_____ ☒ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
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_____ Corp Record Search _____
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_____ Fictitious Owner Search _____
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_____ UCC 1 or 3 File _____
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_____ UCC 11 Retrieval _____
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

19331 Skylake, 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:

2750 N.E. 185th Street

Suite 303

Aventura, Florida 33180

Mailing Address:

2750 N.E. 185th Street

Suite 303

Aventura, Florida 33180

ARTICLE III - Registered Agent, Registered Office, & 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:

Bruce J. Smoler

Name

2611 Hollywood Boulevard

Florida street address (P.O. Box NOT acceptable)

Hollywood

Florida

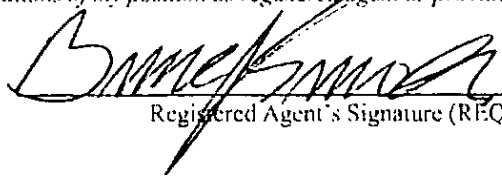
33020

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..


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:

MGR

Sacha Touret

2750 N.E. 185th Street, Suite 303

Aventura, Florida 33180

MGR

Leon Wolfe

2750 N.E. 185th Street, Suite 303

Aventura, Florida 33180

(Use attachment if necessary)

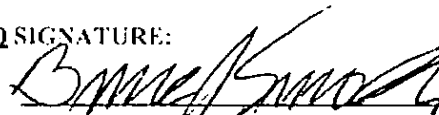
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

 Authorized Representative

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.

Bruce J. Smoler, Authorized Representative

Typed or printed name of signee

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)