

# L96000000990

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** SKY-BREAKERS, L.C.  
(Proposed limited liability company name - must include suffix)

100001946301  
-09/12/96--01100--022  
\*\*\*346.25 \*\*\*346.25

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☐ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☒ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

**FROM:** JAMES MYERS

Name (Printed or typed)

1995 W. COMMERCIAL BLVD., SUITE G

Address

FORT LAUDERDALE, FL 33309

City, State & Zip

954-776-0543

Daytime Telephone number

FILED  
96 SEP 13 PM 12:58  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
9-17-96

SEP 19 1996

SEP 13 1996

B5B  
W96-19375

625

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 13, 1996

JAMES MYERS  
1995 W. COMMERCIAL BLVD.  
SUITE G  
FORT LAUDERDALE, FL 33309

SUBJECT: SKY-BREAKERS, L.C.  
Ref. Number: W96000019375

We have received your document for SKY-BREAKERS, L.C. and check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 296A00042686

9/17/96

Following are the new documents using 9/17/96 as the effective date. Please let us know if there is anything else of concern.

Thank you

*Bonnie S. Myers*  
Bonnie S. Myers  
954-776-0543

ARTICLES OF ORGANIZATION  
OF  
SKY-BREAKERS, L.C.

FILED  
96 SEP 19 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
9-17-96

The undersigned member(s) desiring to form a limited liability company under Chapter 608, Florida Statutes, state(s):

ARTICLE I.

NAME:

The name of this limited liability company shall be SKY-BREAKERS, L.C.

ARTICLE II.

NATURE OF BUSINESS

The limited liability company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III.

TERM OF EXISTENCE

The duration of the limited liability company shall commence, effective September 17, 1996 and shall terminate thirty (30) years from the effective date.

ARTICLE IV.

ADDRESS

The mailing address and street address of the principal office of this Limited Liability Company is 1995 West Commercial Blvd., Suite G, Fort Lauderdale, Florida, 33309.

ARTICLE V

REGISTERED AGENT

The Registered Agent of this limited liability company shall be James D. Myers.

**ARTICLE VI.**

**CASH AND PROPERTY CONTRIBUTED**

The total amount of cash and a description and agreed value of property other than cash contributed is as follows:

Cash in the amount of \$1,500.00

**ARTICLE VII.**

**ADDITIONAL CONTRIBUTIONS**

There is no agreement among the members to make additional contributions.

**ARTICLE VIII.**

**ADMISSIONS OF ADDITIONAL MEMBERS**

The members shall have the right to admit additional members upon such terms and conditions as they may determine.

**ARTICLE IX.**

**CONTINUITY OF BUSINESS**

The remaining members of the limited liability company shall have the right to continue the business of the limited liability company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

**ARTICLE X.**

**MANAGEMENT**

The management of the limited liability company is reserved to the members, whose names and addresses are as follows:

**JAMES MYERS**  
1995 W. Commercial Blvd., Suite G  
Fort Lauderdale, FL 33309

**ARTICLE XI.**

**INDEMNIFICATION**

The limited liability company shall indemnify any member, or former member, and agents of all members, to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization on September 17, 1996.

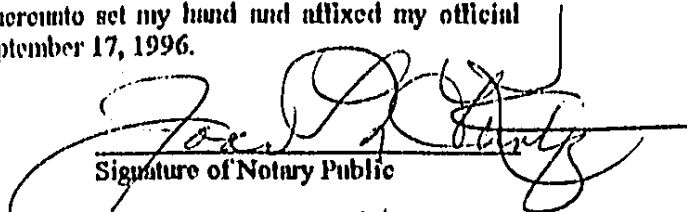
  
JAMES MYERS

STATE OF FLORIDA     )  
                                  )  
COUNTY OF BROWARD    )

SS.

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared JAMES MYERS who has produced Florida Driver's license no. M620-444-53-248-0 (type of identification) as identification who has executed the foregoing Articles of Organization, and he acknowledged before me that he executed those Articles of Organization, and who did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, on September 17, 1996.

  
Signature of Notary Public  
Joan M. Kuntz  
Typed/Printed Name of Notary Public

Notary Public, State of Florida  
My Commission Expires:



Notary Public, State of Florida  
JOAN M. KUNTZ  
My Comm. Exp. Oct. 20, 1996  
Comm. No. CC 237261

**AFFIDAVIT**

STATE OF FLORIDA       )  
                                  )  
COUNTY OF BROWARD    )

PERSONALLY APPEARED before me, the undersigned authority, JAMES MYERS, who being duly sworn deposes and says:

1. My name is JAMES MYERS
2. I have signed the Articles of Organization of Sky-Breakers, L.C. (Company).
3. The Company consists of two members.
4. The members have contributed the sum of \$1,500.00 to the Company.
5. Further Affiant sayeth not.

  
JAMES MYERS

The foregoing instrument was acknowledged before me, a notary public authorized to take acknowledgments in the state and county set forth above, by JAMES MYERS who has produced Florida Driver's License no. M620-444-53-248-0 (type of identification) as identification who has taken an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, on September 17, 1996.

  
Signature of Notary Public

Joan M. Kuntz  
Typed/Printed Name of Notary Public

Notary Public, State of Florida  
My Commission Expires:



Notary Public, State of Florida  
JOAN M. KUNTZ  
M. Comm. Exp. Oct. 20, 1996  
Lic. No. CC 237261

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Sky-Broukorn, L.C.
2. The name and address of the registered agent and office is:

**JAMES MYERS**  
1995 W. Commercial Blvd. Suite G  
Fort Lauderdale, FL 33309

FILED  
96 SEP 19 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

*James Myers*      9/17/96  
(Signature)      (Date)