SKYLINE APPRAISALS P.O. BOX 618334 ORLANDO, FL 32836 Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy ☐ Walk in Pick up time _ ☐ Photocopy Certificate ☐ Mail out ☐ Will wait **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Direct ■ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN CC	IMPLIANCE WITH SECT FOI I ARII ITY COMPAN	TION 608.503, FLORIDA STAT Y TO TRANSACT BUSINESS IN	UTES, THE FOLLOWING IS SUI THE STATE OF FLORIDA:	BMITTED TO REGISTER 2	A FOREIGN
1.			INVESTIGATION gn limited liability company)	LLC	 .
					•
2.	New York		3. 13-404 (FEI number	0670	
(Jur	isdiction under the law on pany is organized)	of which foreign limited liabilit	y (FEI numbe	er, if applicable)	
		5	. 12/3//2	2099	
4	(Date of Org	anization)	5. (Duration: Year limited	liability company will ceas	se to
			exist or "perpetual")		
6	UPa	on Qualification	See sections 608.501, 608.502, a	and \$17 (55 F.S.)	
	•				
7			16 / P.O. BOX 6183		
	ORLANDO	. FL. 32835	ress of principal office)	_ حرم و	<u> </u>
		(Street add	ress of principal office)	ALL ECI	>
8. If			ged company, check here	_ >≃ ⊆	
				SS 5	5 <u> </u>
9. Tl	he name and usual b	usiness addresses of the n	nanaging members or mana	gers are as follows:	₽ □
	ERIC	LEOPOLD		ST.	-
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10 4	tto about in an original conti	ifonto of avictorice no more tha	n 90 days old, duly authenticated b	withe official having custod	v of records in
the iur	naction is an onginal ceru risdiction under the law of	f which it is organized. (A photo	ocopy is not acceptable. If the certi	ificate is in a foreign languag	ge,a
transla	ation of the certificate und	er oath of the translator must be	submitted.)		
11)	Nistra of largings of	www.agag to be conducte	d or promoted in Florida: £	Anto ADDVAISAL	S
11. 1	Nature of dusiness of	purposes to be conducte	u or promoted in Horida. ¿	1	-
2	ersonal & in	surance velate	ch, Hogney inspec	than sucs.	
,		Jan M	spa Hem	ber_	
	Sig		authorized representative	· · · · · · · · · · · · · · · · · · ·	· _==
	/ (/In	accordance with section 608.408(F.S., the execution of this docum perjury that the facts stated herein a 	ent constitutes	
	an	FVIC LE	opour , member	~	
		Typed or prin	nted name of signee		:

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE

STATE OF FLORIDA.		
1. The name of the Limited Liability Company is:		
SKYLINE APPRAISALS & INVESTIGATIONS		
2. The name and the Florida street address of the registered agent and office are:		
	-4.0	0

ERIC LEOPOLD	TAL TAL
(Name)	EA S T
6663 CRENSHAW DR P.O. BOX 618334 Florida street address (P.O. Box NOT ACCEPTABLE)	ARY (
Florida street address (P.O. Box NOT ACCEPTABLE)	F, TZ S
ORLANDO, FL 32835	1: 49 TATE ORIDA
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 more position as registered agent as provided for in Chapter 608, F.S..

(Signature)

Leapoil), member

Filing Fee for Application \$ 100.00

Designation of Registered Agent 25.00

Certified Copy (optional) 30.00

Certificate of Status (optional) 5.00

State of New York State Person Person

I hereby certify, that SKYLINE APPRAISALS & INVESTIGATIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/08/1999, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of October two thousand.

Special Deputy Secretary of State

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SECRETARY OF STATE