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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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MOS-6864

TRANSMITTAL LETTER

SUBJECT: SKY CLIMBER ACCESS SOLUTIONS, LLC							
(Name of Limited Liability Company)							
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busines Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limite liability company to transact business in Florida							
Please return all correspondence concerning this matter to the following:							
JAY DAHLQUIST							
(Name of Person)							
SKY CLIMBER							
(Firm/Company)							
1501 ROCK MOUNTAIN BLVD TASE OF							
(Address)							
STONE MOUNTAIN, GA 30083							

(City/State and Zip Code)

STREET ADDRESS:

JAY DAHLQUIST

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

at (770 939-7705 (Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

For further information concerning this matter, please call:

(Name of Person)

✓ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy



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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	SKY CLIMBER ACCESS SOLUTIONS, LLC (Name of Foreign Limited Liability Company)	
	GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 58-2389800 (FEI number, if applicable)	-
4.	MAY 1998 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
6. a	JUNE 1, 2005 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2415 NORTH PACE BLVD. SUITE 4	
7.	PENSACOLA, FL 32505	_
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here ASS DE LEG	T
9.	The name and usual business addresses of the managing members or managers are as follows:	
	3238 WOODSTONE DRIVE $\frac{3238}{27}$	_
	LEWIS CENTER, OH 43035	
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)	cords in
11	Nature of business or purposes to be conducted or promoted in Florida:	_
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	

REGISTERED AGENT/REGISTERED OFFICE

CERTIFICATE OF DESIGNATION OF

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.

reordom.							
1. The name of the Limited Liability Company is:							
SKY CLIMBE	ER ACCESS SOLUTIONS, LL	C	<u></u>				
2. The nam	e and the Florida street add	ress of the registered agent and office are	:				
	MICHAEL BRIDGMAN						
		(Name)					
	2415 NORTH PACE BLY	VD. SUITE 4	TVI 38	200			
	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	LAH	2005 DEC			
	PENSACOLA	FL 32505	SECRETARY TALLAHASSEI	2			
		City/State/Zip	e	-0			

Having been named as registered agent and to accept service of process for the above state initial 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 608, Florida Statutes.

Michael & J

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0516692
DATE INC/AUTH/FILED: 02/23/2005
JURISDICTION : GEORGIA
PRINT DATE : 11/30/2005

FORM NUMBER : 211

SKY CLIMBER ACCESS SOLUTIONS, LLC JAMES DAHLQUIST 1501 ROCK MOUNTAIN BLVD., #200 STONE MOUNTAIN, GA 30083

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above frint date

SKY CLIMBER ACCESS SOLUTIONS LLC GEORGIA LIMITED LIMBILITY COMPAN

is in compliance with the appricable filing and annual registration provisions of Title 14 of the Otticial Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Settletary of State.

This certificate relater only to the legs existence of the above-named entity as of the print date above. It does not carrify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20051130195605691



Cathy Cox Secretary of State