

M1700000321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

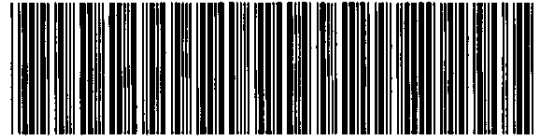
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800297676808

04/18/17--01020--021 **125.00

APR 19 2017
S. YOUNG

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 APR 18 PM 4:39

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SKYPLEX, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. GEORGIA 3. 82-1152307
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3350 RIVERWOOD PARKWAY, SUITE 750
ATLANTA, GA 30339
(Street Address of Principal Office)

6. 3350 RIVERWOOD PARKWAY, SUITE 750
ATLANTA, GA 30339
(Mailing Address)

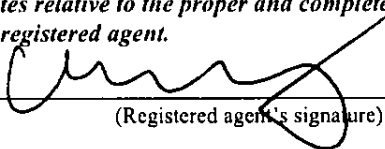
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CLIFFORD I. HERTZ, P.A.
Office Address: ONE NORTH CLEMATIS STREET, SUITE 500
WEST PALM BEACH, Florida 33401
(City) (Zip code)

FILED
DEPT. OF STATE
SECRETARY OF FLORIDA
17 APR 18 PM 1:39

Registered agent's acceptance:


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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JON BRES, MEMBER

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

 Authorized Representative
Signature of an authorized person

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.

MATTHEW D. KISSNER, ESQ.
Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

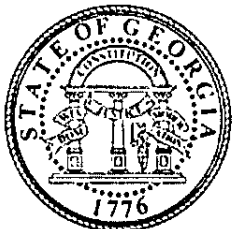
SKYPLEX, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **04/10/2017** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 04/12/2017

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 APR 18 PM 4:39



B. P. Kemp

Brian P. Kemp
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 4/10/2017 10:20:22 AM

BUSINESS INFORMATION

CONTROL NUMBER 17039390
BUSINESS NAME SKYPLEX, LLC
BUSINESS TYPE Domestic Limited Liability Company
EFFECTIVE DATE 04/10/2017

PRINCIPAL OFFICE ADDRESS

ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 750, ATLANTA, GA, 30339, USA

REGISTERED AGENT'S NAME AND ADDRESS

NAME ADDRESS
JASON MCPHERSON 3350 RIVERWOOD PARKWAY, SUITE 750, Cobb, ATLANTA, GA, 30339, USA

ORGANIZER(S)

NAME TITLE ADDRESS
JON BRES ORGANIZER 3350 RIVERWOOD PARKWAY, SUITE 750, ATLANTA, GA. 30339, USA

OPTIONAL PROVISIONS

Management of the company is vested in one or more managers.

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE JON BRES
AUTHORIZER TITLE Organizer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 18 PM 4: 39