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SECRETARY OF STATE

1. HARRIS

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns .					
SUBJECT:	SKY7 PROPERTIE	S, LLC					
		Name of 1	Limited Liability Co	mpany			
					nsact Business in Florida," Certifi company to transact business in		
Please return	all correspondence c	oncerning this matter to the	following:				
	Karen Helsing						
		Na	ıme of Person				
	SKY7 PROPE	RTIES, LLC					
Firm/Company							
	445 Lafayette Close						
Address							
	Roswell, GA	30075					
		City/St	ate and Zip Code				
	helsing7@comca	st.net					
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	l for future annual r	eport not	ification)		
For further is	nformation concernin	g this matter, please call:					
Ka	ren Helsing		770 at (880-70	79		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.C	MLING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314] !	Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	ite	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2017

KAREN HELSING 445 LAFAYETTE CLOSE ROSEWELL, GA 30075

SUBJECT: HELSING 7 PROPERTIES, LIMITED LIABILITY COMPANY

Ref. Number: W17000033656

We have received your document for HELSING 7 PROPERTIES, LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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 (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00008655

POIL HAY 12 PH 2: 49
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2017

KAREN HELSING 445 LAFAYETTE CLOSE ROSEWELL, GA 30075

SUBJECT: HELSING 7 PROPERTIES

Ref. Number: W17000033656

2017 MAY -1 PM 12: 1.1

We have received your document for HELSING 7 PROPERTIES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

You can only list one person as the registered agent; not two.,

The registered agent must sign accepting the designation.

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 (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00007612

Référence: W170000 33656

If you have any questions, please call
Karen Helsing
770-880-7079

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

IN COMPILANCE 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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") HELSING7 PROPERTIES, LIMITED LIABILITY COMPANY 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.") GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) FEBRUARY 20, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) SKY7 PROPERTIES, LLC (HELSING7 PROPERITES, LIMITED LIABILITY COMPANY) 445 LAFAYETTE CLOSE	nited
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lin-Liability Company," "L.L.C," or "LLC.") GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) FEBRUARY 20, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) SKY7 PROPERTIES, LLC (HELSING7 PROPERITES, LIMITED LIABILITY COMPANY) 445 LAFAYETTE CLOSE	_ nited _
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company is organized) FEBRUARY 20, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) SKY7 PROPERTIES, LLC (HELSING7 PROPERITES, LIMITED LIABILITY COMPANY) 445 LAFAYETTE CLOSE	_
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(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) SKY7 PROPERTIES, LLC (HELSING7 PROPERITES, LIMITED LIABILITY COMPANY) 445 LAFAYETTE CLOSE	
445 LAFAYETTE CLOSE	
(Carra Address of Description)	
(Street Address of Principal Office)	
SKY7 PROPERTIES, LLC	
445 LAFAYETTE CLOSE ROSWELL GA 30075	Company .
(Mailing Address)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	m
Name: KAREN R. HELSING	
Name: KAREN R. HELSING Office Address: 17 SUMMER HAVEN TRAIL	
MIRAMAR BEACH , Florida 32550	
(City) (Zip code) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiance the obligations of my position as registered agent. (Registered agent's signature)	ther agree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: STEVE & KAREN HELSING STEVE & KAREN HELSING	
445 LAFAYETTE CLOSE	
ROSWELL, GA 30075	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records furisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) 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. STEVE-& AREN HELSING Karen R. Helsing	l

Typed or printed name of signee

Control Number: 16090488

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

SKY7 PROPERTIES, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify 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 certificate is issued pursuant to 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.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number : 14469463 : 09/13/2016 : Georgia : 04/11/2017 : 211



Brian P. Kemp Secretary of State