

M25000006918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

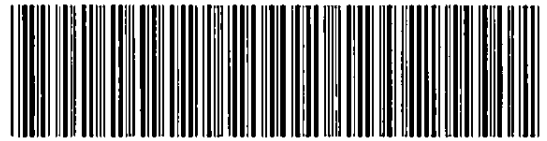
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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25 MAY -6 PM 5:50
CLERK OF COURT
CLERK OF COURT

MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skyline Unlimited LLC Foreign Business Registration with the Florida Department of State
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brittany Patete

Name of Person

Skyline Unlimited LLC

Firm/Company

6190 Regency Pkwy, Suite 304

Address

Norcross, GA, 30071, USA

City/State and Zip Code

britt.patete@skylineunlimited.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margarita Martincz-Holsten

702

809-9115

at (_____)

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 607.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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

(If name unavailable, enter alternate name adopted for U.S. purposes for conducting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

Delaware State EIN 33-1612659
2. Jurisdiction under the law of which foreign limited liability company is created (If Filing Number is applicable)

No business contracts, agreements or sales have been conducted in Florida
4. (If the foreign limited liability company is not presently registered in its jurisdiction, enter "NOT REGISTERED" to determine penalty liability)

6190 Regency Pkwy, Suite 304 6190 Regency Pkwy, Suite 304
5. (Street Address of Principal Office) 6. (Mailing Address)
Norcross, GA, 30071, USA Norcross, GA, 30071, USA

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

Name Anthony Saso
Office Address 20120 Campbell Rd N
North Fort Myers 33917
Florida (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 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.

Anthony Saso
(Registered agent's signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS REGISTRATION
25 MAY -5 PM 5:50

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager Name: Sasa Trifkovic
☐ Member Address: 6469 Apache Dr.
☒ Authorized Indian Head Park, IL 60525
Person Sasa Trifkovic
☐ Other _____ ☐ Other _____

Title or Capacity:

Name and Address:

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Brittany Patete
☐ Member Address: 36871 N Ridge Rd,
☒ Authorized Ingleside, IL 60041
Person Brittany Patete
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

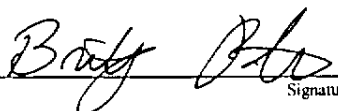
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

Brittany Patete

Typed or printed name of signer

Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKYLINE UNLIMITED LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



5309942 8300

SR# 20251996519

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez", written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203607949

Date: 05-05-25