

L2400031 5380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

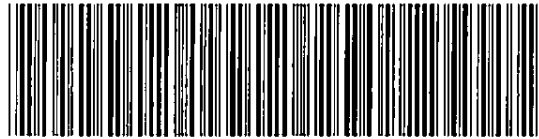
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200432743702

07/12/24--01005--004 **130.00

FILED

FILED

2007 JUN 12 AM 9:27
CLERK OF SUPERIOR COURT
STATE OF ILLINOIS
JUDICIAL CIRCUIT
CLERK OF SUPERIOR COURT
STATE OF ILLINOIS
JUDICIAL CIRCUIT

T.S.H.
7/18/24

**PARSONS
BEHLE &
LATIMER**

2901 Ashton Blvd, Suite 210
Lehi, Utah 84043
Main: 385 338 2555
Fax: 801 536 6111
Phone: 385 338 2574

A Professional
Law Corporation

Marianne J. Ludlow

Direct: 385 338 2545
MLudlow@parsonsbehle.com

July 1, 2024

Re:

To whom it may concern:

Attached are documents for Angela Lee Hill's Articles of Organization for 2620 Skye Cloudy, LLC and a check made payable to the Florida Division of Corporations for \$130. Please process the LLC on her behalf.

Sincerely,

PARSONS BEHLE & LATIMER

Marianne J. Ludlow

MJL:ev

FILED

2024 JUL 12 AM 2:27
CLERK OF DISTRICT COURT
STATE OF FLORIDA

FILED

2024 APR 12 PM 2:00
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: 2620 Skye Cloudy, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marianne Ludlow
Name of Person

Parsons, Behle & Latimer
Firm/Company

2901 Ashton Blvd, Suite 210
Address

Lehi, Utah 84043
City/State and Zip Code

ahill38@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marianne Ludlow at (801) 407.6534
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2004 JUN 12 AM 9:27
STATE
FILED
2004 JUN 12 PM 2:00
STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2620 Skye Cloudy, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

760 Southeast 22nd Avenue
Pompano Beach, Florida 33062

760 Southeast 22nd Avenue
Pompano Beach, Florida 33062

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Angela Lee Hill

Name

760 Southeast 22nd Avenue

Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach

Florida

33062

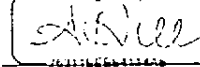
City

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 my position as registered agent as provided for in Chapter 605, F.S.

DocuSigned by:



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 JUN 12 AM 9:07
STATE
FLORIDA
FILED
2024 JUN 12 PM 2:07
STATE
FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ANGELA LEE HILL

760 Southeast 22nd Avenue

Pompano Beach, Florida 33062

(Use attachment if necessary)

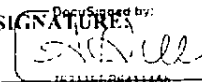
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURES

DocuSigned by:


Signature of a member or an authorized representative of a member.

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.

ANGELA LEE HILL

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED

FILED

2024.11.14 12 PM 2:27
STATE

2024.11.14 12 PM 2:27
STATE