L25000034016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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If there are any issues please contact Cheyanne at 850-202-1882

Date: 01/27/2025

Name: **Ovidshel Occean Jr.**

Reference #: **2632480**

Entity Name: **SKYBOUND HOLDINGS 2 LLC**

- [x] Articles of Incorporation/Authorization to Transact Business
- [ ] Amendment
- [ ] Change of Agent
- [ ] Reinstatement
- [ ] Conversion
- [ ] Merger
- [ ] Dissolution/Withdrawal
- [ ] Fictitious Name
- [ ] Other _____

Authorized Amount: **$125.00**

Signature: O. Occean Jr.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Skybound Holdings 2 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:

Jaime Bacon
Name of Person

Business Aviation Law Group PLLC
Firm/Company

601 Heritage Drive, Suite 409
Address

Jupiter, FL 33458
City/State and Zip Code

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

For further information concerning this matter, please call:

Jaime at (888) 661-3223
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Skybound Holdings 2 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:**
5655 Carder Road	5655 Carder Road
Orlando, FL 32810	Orlando, FL 32810

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:

Jared Mellick
Name

5655 Carder Road
Florida street address (P.O. Box **NOT** acceptable)

Orlando	FL	32810
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..

Jared Mellick
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Jared Mellick 5655 Carder Road Orlando, FL 32810
MGR	Matthew R. Hodge PO Box 656 Plymouth, FL 32768

(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 SIGNATURE:

Jared Mellick

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.

Jared Mellick
Typed or printed name of signee

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)