

LD30000 39621

(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:

10/16
[Signature]

Office Use Only



200023576612

10/10/03--01055--002 **125.00

FILED

03 OCT 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

10/7/03

SUBJECT: TURNER AVIATION, 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:

ATTN: START DEPARTMENT
(Name of Person)

JK HARRIS AND COMPANY
(Firm/Company)

4995 LACROSS ROAD, SUITE 1800
(Address)

NORTH CHARLESTON, SC 29406
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 OCT 10 AM 9:20
FILED

For further information concerning this matter, please call:

CHRIS PUETZ at (800) 313-0877 X 250
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
TURNER AVIATION, LLC

ARTICLE II - Address:

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

Principal Office Address:

128 FRIAR COURT
SEBASTIAN FL 32958

Mailing Address:

128 FRIAR COURT
SEBASTIAN FL 32958

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

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

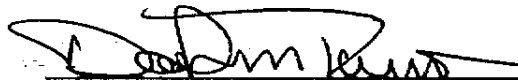
DANIEL TURNER
Name

128 FRIAR COURT
Florida street address (P.O. Box NOT acceptable)

SEBASTIAN FL 32958
City, State, and Zip

03 OCT 10 AM 9:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DANIEL TURNER

128 FRIAR COURT

SEBASTIAN FL 32958

MGRM

KYM TURNER

128 FRIAR COURT

SEBASTIAN FL 32958

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DANIEL TURNER

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY of STATE
TALLAHASSEE, FLORIDA

03 OCT 10 AM 9:20

FILED