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# **COVER LETTER**

TO:

**Registration Section** 

**Division of Corporations** 

SUBJECT: Dair 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:

Damian R Schwellenbach Name of Person	
Dair Avintion, LLC Firm/Company	TARE TARE
13100 116Th St	MAR 26
Largo Florida 33778 City/State and Zip Code	P. F. F. F. G.
City/State and Zip Code  Antlorida O Yahoo. Com  E-mail address: (to be used for future annual report notification)	ATE A

For further information concerning this matter, please call:

Damian R Schwellenbach at (727) 599-1098

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**

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

### **Street/Courier Address**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# - ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	PEC BY
Dair Aviation LL  (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13100 116th 5t Largo, Florida 33778	13100 116 Th ST Largo, FL 33778

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:

Damian R Schwellenbach
13100 116th 5T
Florida street address (P.O. Box NOT acceptable)  LAYGO FL 33778
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Damian R Schwellenbach 13100 116th 3T Luryo Florida 33778
	TAGE OF PERSONS PROPERTY PR
<del></del>	T. FLORIDA
(Use attachment if necessary)	
	t be specific and cannot be more than five business days

**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. 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.)

Damina R. Schwellenbach
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)