

LI3000158056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

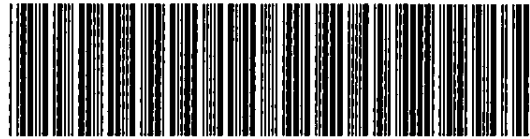
(Business Entity Name)

(Document Number)

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CLERK OF COURT
ALLAHSEE FLORIDA

EFFECTIVE DATE

01/01/14

NOV 12 2013

D. BRUCE

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIRCRAFT HOUSING LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARK C MCCOY

Name of Person

AIRCRAFT HOUSING LLC

Firm Company

1148 KELTON AVE

Address

OCFEE, FL 34761

City/State and Zip Code

MMCC55@EARTHLINK.NET

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

For further information concerning this matter, please call:

MARK C MCCOY

Name of Person

at

407 417-2061

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

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AIRCRAFT HOUSING LLC

(Must end with 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:

AIRCRAFT HOUSING LLC
1148 KELTON AVE
OCOE, FL 34761

AIRCRAFT HOUSING LLC
1148 KELTON AVE
OCOE, FL 34761

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:

MARK C MCCOY
Name

1148 KELTON AVE
Florida street address (P.O. Box NOT acceptable)

OCOE, FL 34761
City, State, and Zip

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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 60S, F.S.



Registered Agent's Signature (REQUIRED)

MARK C MCCOY
(CONTINUED)

EFFECTIVE DATE 01/01/14

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

MGR

Name and Address:

MARK C MCCOY
1148 KELLTON AVE
OCFEE, FL 34761

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 01, 2014 (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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605, 108(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.)

MARK C MCCOY

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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