

L18000031751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

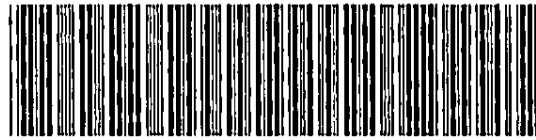
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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FEB 06 2018

**COVER LETTER**

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

**SUBJECT: PHOENIX 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:

DOUGLAS C. DUNHAM  
\_\_\_\_\_  
Name of Person  
  
PHOENIX AVIATION, LLC  
\_\_\_\_\_  
Firm/Company  
  
150 HAVEN WAY  
\_\_\_\_\_  
Address  
  
FREEPORT, FLORIDA 32439-2329  
\_\_\_\_\_  
City/State and Zip Code  
  
DCDunham@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS C. DUNHAM                      503                      329-1473  
\_\_\_\_\_  
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 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:

PHOENIX AVIATION, 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:

150 HAVEN WAY  
FREEPORT, FL 32439-2329

150 HAVEN WAY  
FREEPORT, FL 32439-2329

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:

DOUGLAS C. DUNHAM

Name

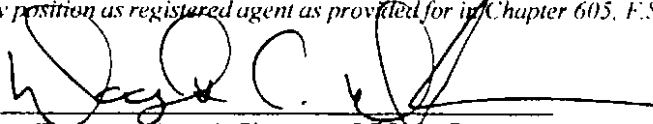
150 HAVEN WAY

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

FREEPORT, FL 32439

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

**Name and Address:**

DOUGLAS C. DUNHAM

150 HAVEN WAY

FREEPORT, FL 32439-2329

\_\_\_\_\_  
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(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

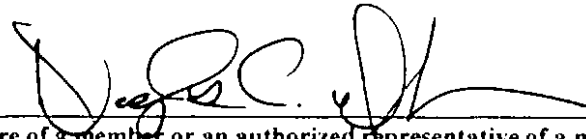
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

NONE.

**REQUIRED SIGNATURE:**



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.

DOUGLAS C. DUNHAM

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)

**AFFIDAVIT for the RELEASE of  
PHOENIX AVIATION, LLC**

Department of State  
Division of Corporations  
Certification Section  
P.O. Box 6327  
Tallahassee, FL 32314

January 28, 2018

To Certification Section,

As the Registered Agent for **PHOENIX AVIATION, LLC**, I would like to release any and all control of the title **PHOENIX AVIATION, LLC** Document Number: L16000181531 to Douglas C. Dunham.

Sincerely,



Jessica Russo  
Registered Agent for **PHOENIX AVIATION, LLC**

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TALLAHASSEE, FLORIDA