LIGOUZGI 676

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Во	usiness Entity Name)
(Do	ocument Number) /
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

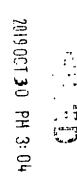
Office Use Only



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October 21, 2019

MICHAEL A SAYRE LANAS AIR SERIVCE LLC 1069 RACE COURT NORTHPORT, FL 34286

SUBJECT: LANAS AIR SERVICE LLC

Ref. Number: W19000093245

We have received your document and check(s) totaling \$160.00. However, the enclosed document has not been filed and is, being returned to you for the following reason(s):

Please complete the required name and address of the manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00021705

Susan Tallent Regulatory Specialist II

BOTHER COLUMN

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	Lanas Air Service LLC	
30000		imited Liability Company
The enc	losed Articles of Organization and fee(s):	are submitted for filing.
Please r	eturn all correspondence concerning this r	natter to the following:
	Michael A Sayre	
		Name of Person
	Lanas Air Service LLC	
	·	Firm/Company
	1069 Race Court	
		Address
	Northport, Fl 34286	
	1	City/State and Zip Code
	lanasairservice@gmail.com E-mail address: (to be use	ed for future annual report notification)
For furth	er information concerning this matter, plea	ase call:
	Michael A Sayre	330 714-9023
	Name of Person	Area Code Daytime Telephone Number
Enclose	rd is a check for the following amount:	
\$125.00	0 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Lanas Air Service LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	e of the Limited Liability Company is: Mailing Address:
The mailing address and street address of the principal office Principal Office Address: 1069 Race Court	

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:

ARTICLE 1 - Name:

Michael A Savre		
	Name	
1069 Race Court		
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
Northport,	Fl	34286
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)

2019 OCT 30 PM 3: 04

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR NORTH PORT, PI N/A N/A N/Λ (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: N/A (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: Signature of a member or an authorized representative of a member.

Filing Fees:

Michael A Savre

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

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)