

L00000015046

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 12/4

Corporation(s) Name

600003487716--1
-12/05/00--01036--015
****125.00 ****125.00

Ardmore Company, LLC

☐ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☐ Foreign
☒ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☐ Other
☐ Ch. RA

***Special Instructions**

☐ Certified Copy
☐ Photocopies
☐ CUS
☐ arts/ameds/mergers ☐ Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

RECEIVED
00 DEC -5 AM 11:20
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

W-28012

12-6-00

APPROVED
AND
FILED

00 DEC -5 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 5, 2000

CT CORPORATION SYSTEM
CAROL CLARK

SUBJECT: ARDMORE COMPANY LLC
Ref. Number: W00000028612

We have received your document for ARDMORE COMPANY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 300A00061524

APPROVED
AND
FILED
00 DEC -5 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ARMORE COMPANY LLC

ARTICLE II - Address:

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

C/O SUNSET ON THE GULF
BOX 1515
SANIBEL ISLAND, FLORIDA 33957-1515

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: UNTIL DECEMBER 31, 2075

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

VINCENT M. WOLANIN OR AT HIS
OPTION ANOTHER NAMED ENTITY OF HIS CHOOSING.

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ADDITIONAL MEMBERS MUST BE APPROVED BY
THE MANAGER OR IF THE ORIGINAL MANAGER
OR HIS CHOICE IS NO LONGER APPLICABLE THEN
BY A VOTE OF THE MAJORITY OF THE
MEMBERS OF THE LLC. IF VINCENT M.
WOLANIN IS NO LONGER THE MANAGER OR HIS
NOMINEE IS NO LONGER VALIDATED THE MEMBERS

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

THE HEIRS MAY CONTINUE THE BUSINESS OR NOT
CONTINUE THE BUSINESS BY A MAJORITY VOTE AFTER
FIRST FOLLOWING ANY INSTRUCTIONS IF APPLICABLE
IN THE WILL OF VINCENT M. UOLANIN -


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

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

VINCENT M. UOLANIN

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

APPROVED
AND
FILED
00 DEC -5 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

ARDMORE COMPANY LLC

2. The name and address of the registered agent and office is:

VINCENT VOLANIN

C/O PRIVATESKY (Name) AVIATION SERVICES

SW FLORIDA INTERNATIONAL AIRPORT

1 PRIVATESKY (P.O. Box not acceptable) WAY

FORT MYERS, FLORIDA 33913

(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.

By: _____

(Signature)

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

28

00 DEC -5 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED