

L02000004553

Flamingoair
P.O. Box 08297
Fort Myers, FL 33908

8 February 2002

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

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-02/11/02--01079--010
****125.00 ****125.00

Dear Florida Department of State:

Enclosed is the completed Articles of Organization form, along with the required filing fee of \$125.00 to form the Limited Liability Company, Flamingoair, LLC.

Registered Agent and Contact Information is as follows:

Wm. N. Aitkenhead
P.O. Box 08297
Fort Myers, FL 33908

863.944.1611

Thank you for your time and attention.

Sincerely,



Wm. N. Aitkenhead

Enclosures

W02-4413 W02/26

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 26 AM 10:25

3p



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 14, 2002

WM. N. AITKENHEAD
FLAMINGOAIR
P.O. BOX 08297
FORT MYERS, FL 33908

SUBJECT: FLAMINGOAIR, LLC
Ref. Number: W02000004413

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 702A00009140

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flamingoair, LLC

ARTICLE II - Address:

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

P.O. Box 08297, Ft. Myers, FL 33908

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William N. Aitkenhead

Name


209 N. Industrial Loop Rd.

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

Labelle FL 33935

City, State, and Zip

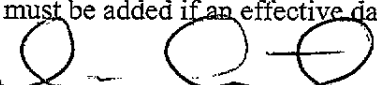
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

William N. Aitkenhead

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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