

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000219087 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

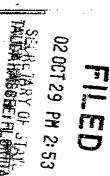
: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696



LIMITED LIABILITY COMPANY

CAREFREE AVIATION, LLC

RECEIVED 02 OCT 29 PH 12: 53 JIVISION OF CERPORATIO

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

1 Jak

10/29/02 12:48 PA

BCL-58-5985 TS:34

H 02000219087

(2)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Carefree Aviation, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1301 Alton Rd.

Miami Beach, FL 33139

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

The name and the Florida street address of the registered agent are:		020	
Gary Marotta		007	
Name	S A	29	- Allerton
1301 Alton Rd.	E C		1
Florida street address (P.O. Box NOT acceptable)		3	M
Miami Beach, FL 33139	6	io.	
City, State, and Zip		ర్జు	

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

(An additional article many be saided 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 parjury that the facts stated herein are true.)

Gary Marotta

Typed or printed name of signee

Fling Fors:

\$109.00 Filing Foe for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H 02000219087

Z0.4