

L020000029493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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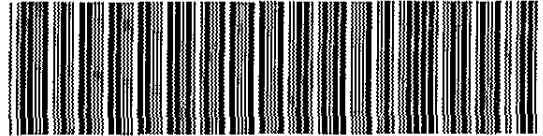
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Igler + Dougherty, P.A.
Requestor's Name

1501 Park Avenue East
Address

Tallahassee FL 32301 878-2411
City/State/Zip Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BON-AIR TRANSPORT, L.L.C.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

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☐ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

* Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
BON-AIR TRANSPORT, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. Name. The name of the Limited Liability Company is **BON-AIR TRANSPORT, LLC** (the LLC).

2. Purpose. The purpose for which the LLC is organized is to engage in any activities permitted by law.

3. Address of Place of Business. The mailing and street address of the principal place of business in Florida for the LLC is: 1501 Park Avenue East, Tallahassee, Florida 32301.

4. Registered Agent. The name and address of the initial registered agent for the LLC is:

Igler & Dougherty, P.A.
1501 Park Avenue East
Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

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.

IGLER & DOUGHERTY, P.A., MEMBER

By: _____

H.D. Haughton, Secretary

Executed at Tallahassee, Florida, on the 4th day of November, 2002.

IGLER & DOUGHERTY, P.A., MEMBER

By: [Signature]
H.D. Haughton, Secretary

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 4th day November 2002,
by BON-AIR TRANSPORT, LLC a Tallahassee corporation, on behalf of the corporation. BON-AIR
TRANSPORT, LLC is personally known to me as a member.

Melissa E. Green
Signature of Notary Public

Notary Stamp/Seal:



Melissa E. Green
MY COMMISSION # CC974617, EXPIRES
December 29, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

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TALLAHASSEE, FLORIDA