

L02000030936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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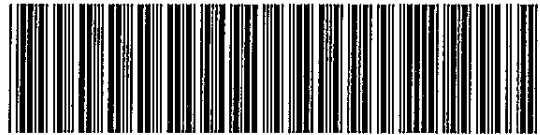
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ACCOUNT NO. : 072100000032

REFERENCE : 824991 81420A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : November 18, 2002

ORDER TIME : 3:47 PM

ORDER NO. : 824991-005

CUSTOMER NO: 81420A

CUSTOMER: Michael S. Hayworth, Esq
Hayworth & Chaney, P.A.
Suite 300
202 N. Harbor City Blvd.
Melbourne, FL 32935

DOMESTIC FILING

NAME: MUSCATO AVIATION, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - EXT. 1116

EXAMINER'S INITIALS:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MUSCATO AVIATION, L.L.C.

ARTICLE II - Address:

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

**125 E. Webster Ave.
Winter Park, Florida 32789**

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

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

**MICHAEL S. HAYWORTH
HAYWORTH & CHANEY, P.A.
202 N. HARBOR CITY BLVD, SUITE 300
MELBOURNE, FL 32935**

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 certification, 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..

By: Michael A. Hayworth, Pres
Hayworth & Chaney, P.A.
Registered Agents Signature

ARTICLE IV - Management (Check box if applicable.)

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

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

Michael A. Muscato
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.)

MICHAEL A. MUSCATO

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 Certified of Status (Optional)

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