

LO2 0000 32025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

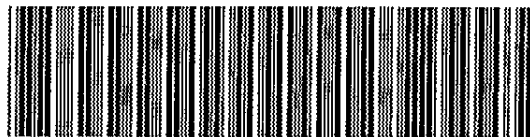
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300009126563

11/27/02--01038--005 \*\*125.00

RECEIVED  
TALLAHASSEE, FLORIDA

02 NOV 27 PM 9:12

FILED

LO2-32025  
JR

November 25, 2002

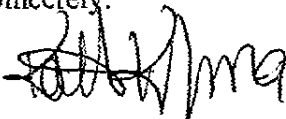
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Limited Liability Company

To Whom It May Concern:

Please see attached Articles of Organization for a limited liability company along with the appropriate filing fees. If there are any questions or concerns, please contact Katherine K. Aurigema, 1685 Maytown Rd., Oak Hill, FL 32759, (386) 345-1010.

Sincerely:



Katherine K. Aurigema

/ka  
enclosure(s)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 27 AM 9:13

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I

The name of the Limited Liability Company shall be The Aviator LLC

## ARTICLE II

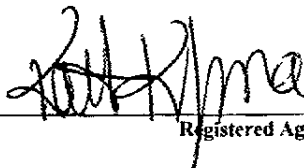
The mailing and street address of the principal office of the Limited Liability Company is: 1685 Maytown Rd., Oak Hill, FL 32759.

## ARTICLE III

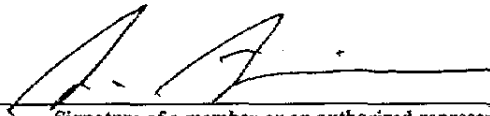
The name and the Florida street address of the registered agent are:

Katherine K. Aurigema  
1685 Maytown Rd.  
Oak Hill, FL 32759

*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 provision 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



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.)

Andrew N. Aurigema

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 27 AM 9:13

FILED