

# L030000306067

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## LIMITED LIABILITY COMPANY

Zaner Aviation LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # 4030002556097

**ARTICLES OF ORGANIZATION  
OF  
Zaner Aviation LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Zaner Aviation LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 10859 SW 89th Ave., Ocala, Florida 34481.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: John Zaner, 10859 SW 89th Ave., Ocala, Florida 34481. Located in the County of Marion.


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2043.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

John Zaner, 10859 SW 89th Ave., Ocala, Florida 34481  
Julia Zaner, 10859 SW 89th Ave., Ocala, Florida 34481

  
Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,  
Madison, WI 53717

(608) 827-5300

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FAX AUDIT # 4030002556097CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **Zaner Aviation LLC**

The name and address of the registered agent and office is: John Zaner, 10859 SW 89th  
Ave., Ocala, Florida 34481. Located in the County of Marion.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature: John A. Zaner

John Zaner

Date: August 7, 2003

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAFAX AUDIT # 4030002556097