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TALLAHASSEE, FLORIDA

04 JAN 20 AM 10:19

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1/20/04
[Signature]



CHB Aviation LLC
6169 NW Duke Circle
Port Saint Lucie, FL 34983
772-336-9209
chbaviation@aol.com

January 13, 2004

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
04 JAN 20 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern:

Enclosed please find a personal check in the amount of \$125 for filing fees for Articles of Organization for CHB Aviation LLC. If you have any questions, please do not hesitate to call.

Regards,

Tammy Brenner
Vice President

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHB Aviation LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy K. Brenner
(Name of Person)

CHB Aviation LLC
(Firm/Company)

6169 NW Duke Circle
(Address)

Port Saint Lucie FL 34983
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tammy Brenner at 772 336-9209
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHB Aviation LLC

ARTICLE II - Address:

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

Principal Office Address:

6169 NW Duke Circle
Port Saint Lucie, FL
34983

Mailing Address:

Same

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

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

Tammy K. Brenner
Name

6169 NW Duke Circle
Florida street address (P.O. Box **NOT** acceptable)

Port Saint Lucie FLORIDA 34983
City, State, and Zip

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JAN 20 AM 11:19
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, Florida Statutes..

Tammy K. Brenner
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Charles H. Brenner
6169 NW Duke Circle
Port Saint Lucie, FL 34983

MGRM

Tammy K. Brenner
6169 NW Duke Circle
Port Saint Lucie FL 34983

DEPUTY
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Tammy K. Brenner
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.)

Tammy K. Brenner
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)