

L04000019145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

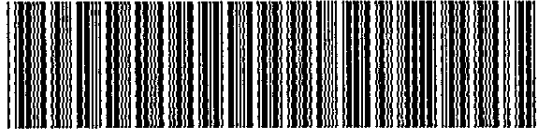
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/1 FL LC

Office Use Only



900029598579

US 02/04--01004--012 **125.00

FILED

FILED
04 MAR -1 PM 5:09
MILWAUKEE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPEEDBOAT PHOTO HELICOPTER, 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:

Thomas McDermott
(Name of Person)

(Firm/Company)

95 Fiesta Way
(Address)

Ft Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas McDermott at () 954-525-9747
(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:

SPEEDBOATPHOTO HELICOPTER, LLC

ARTICLE II - Address:

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

Principal Office Address:

95 FIESTA WAY

FT LAUDERDALE FL

33301

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:

MICHAEL A. MOULIS

Name

1100 LEE WAGENER BLVD

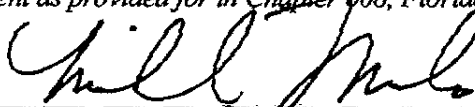
Florida street address (P.O. Box **NOT** acceptable)

FT LAUDERDALE FLORIDA 33315

City, State, and Zip

FILED
04 MAR -1 PM 5:09
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..



Registered Agent's Signature

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

"MGRM" = Managing Member

Ft Lauderdale, FL 33301

(This area contains horizontal lines for writing.)

REQUIRED SIGNATURE:

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)