

L04000027560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

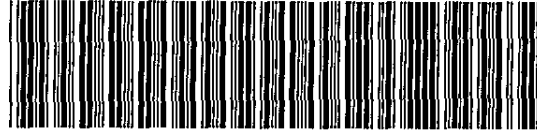
(Document Number)

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

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

Special Instructions to Filing Officer:

Office Use Only



100029286941

04/12/04--01027--010 \*\*125.00

04 APR 12 PM 1:01  
TALLAHASSEE, FLORIDA

RECEIVED

04 APR 12 AM 9:52  
TALLAHASSEE, FLORIDA

RECEIVED

## CAPITAL CONNECTION, INC.

417, E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED  
04 APR 12 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Lencore LLC

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by: *SW*

4/12

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION  
OF  
LENCORK, LLC**

**FILED**  
04 APR 12 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of this limited liability company shall be **LENCORK, LLC**.

**ARTICLE II**

The period of duration shall be perpetual.

**ARTICLE III**

This limited liability company is organized for the purpose of purchasing, selling, operating, managing and leasing aircraft, and any such other purpose(s) allowed by law.

**ARTICLE IV**

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be 5401 NW 15<sup>th</sup> Avenue, Fort Lauderdale, FL 33309.

**ARTICLE V**

The initial registered agent shall be Corwin J. Zimmer, 5401 NW 15<sup>th</sup> Avenue, Fort Lauderdale, FL 33309.

**ARTICLE VI**

This limited liability company shall be managed by Personal Jet Charter, Inc., a Florida Corporation.

**ARTICLE VII**

The names of the members of this limited liability company are: Personal Jet Fleet, Inc., and Len Stuart.

**IN WITNESS WHEREOF**, the undersigned members have executed these Articles

of Organization on the 9<sup>th</sup> day of April, 2004.

Personal Jet Fleet, Inc.

Len Stuart

By: Corwin J. Zimmer  
Corwin J. Zimmer, President

Len Stuart  
Len Stuart

STATE OF FLORIDA}  
COUNTY OF BROWARD}

**BEFORE ME**, personally appeared **Corwin J. Zimmer**, President of Personal Jet Fleet, Inc., to me well known and known to me to be the person described in, and who acknowledged to and before me that she executed said document for the purposes therein expressed.

**WITNESS** my hand and official seal this 9<sup>th</sup> day of April, 2004.

Lydia Priest  
NOTARY PUBLIC  
My Commission Expires:

(Notarial Seal)



Lydia Priest  
MY COMMISSION # DD140728 EXPIRES  
August 16, 2006  
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF FLORIDA}  
COUNTY OF BROWARD}

**BEFORE ME**, personally appeared Len Stuart, to me well known and known to me to be the person described in, and who acknowledged to and before me that she executed said document for the purposes therein expressed.

**WITNESS** my hand and official seal this 9<sup>th</sup> day of April, 2004.

Lydia Priest  
NOTARY PUBLIC  
My Commission Expires:

(Notarial Seal)



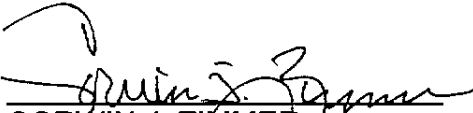
Lydia Priest  
MY COMMISSION # DD140728 EXPIRES  
August 16, 2006  
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE**  
**FOR THE SERVICE OF PROCESS WITHIN FLORIDA**  
**NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

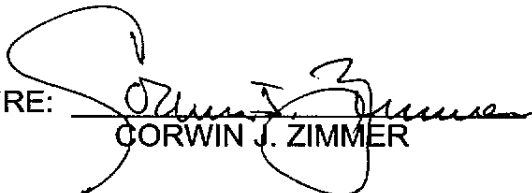
FIRST THAT **LENCORK, LLC**, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF FORT LAUDERDALE, STATE OF FLORIDA, HAS NAMED **CORWIN J. ZIMMER** AT **5401 NW 15<sup>th</sup> Ave., Fort Lauderdale, FL 33309**, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

  
CORWIN J. ZIMMER  
TITLE: MEMBER

DATE: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:   
CORWIN J. ZIMMER

DATE: \_\_\_\_\_