

L04000044491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

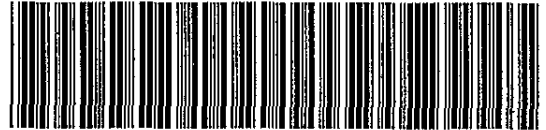
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/14/04--01009--003 **25.00

05/24/04--01005--004 **100.00

LR
06/14/04

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DIVISION OF CORPORATIONS
04 JUN 11 PM 12:15

5p



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 28, 2004

JAMES COLIN JOHN URE
5240 19TH STREET
ZEPHYRHILLS, FL 33542

SUBJECT: AIROFLY, LLC
Ref. Number: W04000020899

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We have received your document for AIROFLY, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 704A00037459

Please find Money order

320143802 for \$25

enclosed as requested.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIROFLY, 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:

JAMES COLIN JOHN URE
(Name of Person)

W04-20899
(Firm/Company)

5240 19th STREET
(Address)

Zephyrhills, FL 33542
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES URE at (352) 206 4423
(Name of Person) (Area Code & Daytime Telephone Number)

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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:

AIROFLY, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5240 19th STREET

5240 19th STREET

ZEPHYRHILLS, FL 33542

ZEPHYRHILLS, FL 33542

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

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

CAROLINE RUTH WALTON

Name

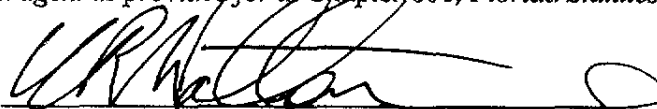
5240 19th STREET

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

ZEPHYRHILLS, FLORIDA 33542

City, State, and Zip

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

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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

JAMES COLIN JOHN URE
5240 19th STREET
ZEPHYRHILLS, FL 33542

(Use attachment if necessary)

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

REQUIRED 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.)

JAMES COLIN JOHN URE

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)

04 JUN 11 PM 12:15

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