

L04 000045547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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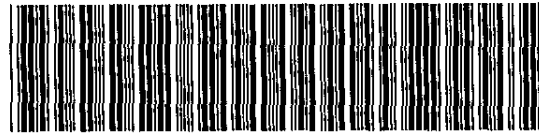
(Business Entity Name)

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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04 JUN 17 AM 11:06

STATE  
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 758002 4355221

AUTHORIZATION :

*Patricia Pignate*

COST LIMIT : \$ 155.00

FILED  
04 JUN 17 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 17, 2004

ORDER TIME : 9:24 AM

ORDER NO. : 758002-020

CUSTOMER NO: 4355221

CUSTOMER: Michael J. Garavaglia, Esq.  
Collins Brown Caldwell  
Barkett & Garavaglia  
756 Beachland Boulevard

Vero Beach, FL 32963

DOMESTIC FILING

NAME: THREE SISTERS AVIATION, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is as follows:

**Three Sisters Aviation, LLC**

**ARTICLE II - Address:**

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

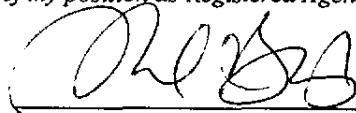
**5700 Midway Road  
Ft. Pierce, Florida 34981**

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

The name and Florida street address of the Registered Agent are as follows:

**Michael J. Garavaglia, Esq.  
Collins, Brown, Caldwell,  
Barkett & Garavaglia, Chartered  
756 Beachland Boulevard  
Vero Beach, FL 32963**

*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, F.S.*

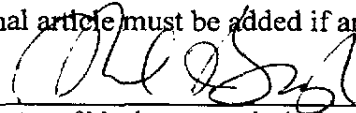


Michael J. Garavaglia, Resident Agent

**ARTICLE IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



Signature of 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.)

Michael J. Garavaglia, authorized representative of a member  
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)**

FILED  
04 JUN 17  
TALLAHASSEE, FLORIDA  
STATE