

L04000048585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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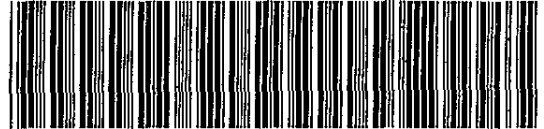
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LR 06/29/04

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 29 PM 12:55

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flying Cloud Properties 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:

Teresa Andrys

(Name of Person)

Flying Cloud Properties

(Firm/Company)

2420 Brinkhaus St.

(Address)

Chaska, MN 55318

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Andrys

(Name of Person)

at ( 952 ) 368-4635

(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS  
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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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 16, 2004

TERESA ANDRYS  
FLYING CLOUD PROPERTIES  
2420 BRINKHAUS ST.  
CHASKA, MN 55318

SUBJECT: FLYING CLOUD PROPERTIES LLC  
Ref. Number: W04000023242

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DIVISION OF CORPORATIONS  
04 JUN 29 PM 12:55

We have received your document for FLYING CLOUD PROPERTIES 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: 804A00040289

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Flying Cloud Properties LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

23031 Tuckahoe RD.

Alva, FL 33920

**Mailing Address:**

same

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

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

Robert Andrys

Name

23031 Tuckahoe RD

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

Alva FLORIDA 33920

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

**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:**

MGRM

Robert Andrys

23031 Tuckahoe

Alva, Florida 33920

MGRM

Sandy Andrys

23031 Tuckhoe

Alva, Florida 33920

MGRM

Douglas Andrys

2420 Brinkhaus St.

Chaska, MN 55318

MGRM

Teresa Andrys

2420 Brinkhaus St.

Chaska, MN 55318

(Use attachment if necessary)

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**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.)

Robert Andrys

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)