

L 04000055869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

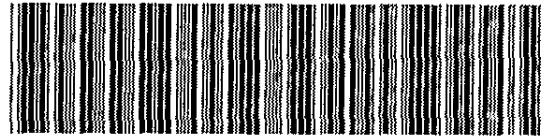
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/16/04--01003--014 **125.00

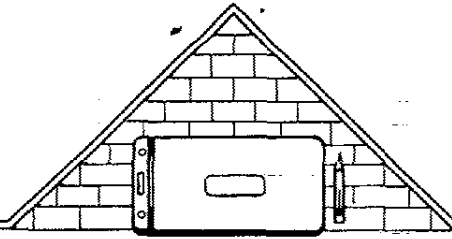
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CLERK OF STATE
DIVISION OF CORPORATIONS
04 JUL 28 PM 1:26

07/28/04

EFFECTIVE DATE
08/01/04

FF \$125

Top



Professional Financial Accounting, Inc.

1215 S.E. 2nd Avenue
Suite 202
P.O. Box 21723
Ft. Lauderdale, FL 33335
(954) 763-2960

July 13, 2004.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 28 PM 1:26

Registration Section.
Division of Corporations.
P.O. Box 6327,
Tallahassee, FL 32314

RE: AVIATORS DEVELOPMENT, LLC

W04-27490

Please find enclosed Articles of Organization for the
above client of ours, along with a check in the amount
of \$125.00.

Please forward Articles of Organization to the above
P.O. Box 21723, Ft. Lauderdale FL 33335.

Sincerely,

Sheila A. Modas.

sam

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIATORS DEVELOPMENT, 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:

Daniel A. Modas.

(Name of Person)

Professional Financial Acct Inc

(Firm/Company)

1215 SE 2 Ave # 202 PO BOX 21723

(Address)

Ft. Lauderdale FL 33335

(City/State and Zip Code)

For further information concerning this matter, please call:

Sheila A. Modas

(Name of Person)

at (954) 763-2960

(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

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 19, 2004

DANIEL A. MODAS
PROFESSIONAL FINANCIAL ACCT INC.
PO BOX 21723
FT. LAUDERDALE, FL 33335

SUBJECT: AVIATORS DEVELOPMENT, LLC
Ref. Number: W04000027490

We have received your document for AVIATORS DEVELOPMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of your application is missing the manager's name.

Please return your document, along with 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: 804A00045589

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVIATORS DEVELOPMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

3012 SW 11 Street

Ft. Lauderdale FL 33312

Mailing Address:

3012 SW 11 Street

Ft. Lauderdale FL 33312

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

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

Daniel A. Modas

Name

1215 SE 2 Avenue # 202

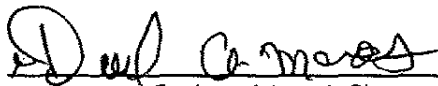
Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale FL FL 33316

City, State, and Zip

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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..



Registered Agent's Signature

(CONTINUED)

EFFECTIVE DATE
08/01/04

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:

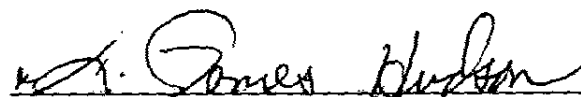
MGR	L. James Hudson
	3012 SW 11 Street
	Ft. Lauderdale FL 33312

(Use attachment if necessary)

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

ARTICLE V Requested effective date is August 1, 2004.

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.)

L. James Hudson
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)

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