

L04000069474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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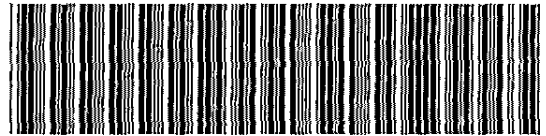
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 899229 4312482

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 23, 2004

ORDER TIME : 3:18 PM

ORDER NO. : 899229-005

CUSTOMER NO: 4312482

CUSTOMER: Ann Sica
Schwartz & Salomon P.c.

42nd Floor
225 Broadway
New York, NY 10007

DOMESTIC FILING

NAME: PRECISION AVIONICS SYSTEMS,
LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE
Patricia

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Precision Avionics Systems, LLC**ARTICLE II - Address:**

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

Principal Office Address:7359 Beaumont DriveLakeland, FL 33810**Mailing Address:**7359 Beaumont DriveLakeland, FL 33810**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

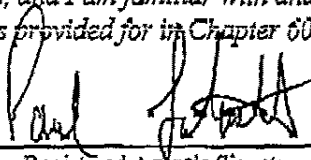
Mr. Paul Latushko

Name

7359 Beaumont DriveFlorida street address (P.O. Box **NOT** acceptable)Lakeland, FL 33810

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..



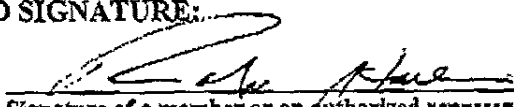
Registered Agent's Signature Paul Latushko

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:**MGRMRobert J. Harkins57 Thomas Road PO Box 644Hawthorne, NJ 07506

(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 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert J. HarkinsTyped or printed name of signer**Filing Fee:****\$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)**