

L04000073202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

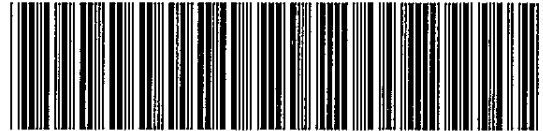
(Business Entity Name)

(Document Number)

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ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- AERIAL REMEDIATION SERVICES LLC

2-

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☒ Walk-in

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
AERIAL REMEDIATION SERVICES LLC**

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TALLAHASSEE, FLORIDA

THE UNDERSIGNED hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") shall be **AERIAL REMEDIATION SERVICES LLC**

**ARTICLE II
ADDRESS**

The mailing and street address of the Company's principal office is:

4492 Mercantile Avenue
Naples, Florida 34104

**ARTICLE III
PURPOSES**

The general nature of the business or businesses to be transacted and which the company is authorized to transact shall be as follows:

- A. To engage in any activity or business authorized under the Florida Statutes.
- B. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the state of Florida, and to do any and all things, herein set forth to the same extend as a natural person might or could do.

**ARTICLE IV
DURATION**

The duration for the Company is perpetual

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**ARTICLE V
REGISTERED AGENT AND OFFICE**

The name of the Company's initial registered agent in Florida is Craig M. Kobza and the address of the Company's registered agent in Florida is 4492 Mercantile Avenue, Naples, Florida 34104.

**ARTICLE VI
MANAGEMENT**

The Company is to be managed by the members. The managing member is identified as follows: Craig M. Kobza, 1837 Plumbago Lane, Naples, Florida 34105;

**ARTICLE VII
ADMISSION OF NEW MEMBERS**

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of the contribution by new members at the time the new members are admitted.

**ARTICLE VIII
CONTINUATION OF BUSINESS OPERATIONS**

The Company may continue its business operations upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in a limited liability Company only upon the unanimous approval of the remaining members.

**ARTICLE IX
TRANSFERABILITY OF MEMBER'S INTEREST**

A member's interest in the Company shall not be transferred unless the transfer is approved by the members in accordance with the Company's Regulations.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization
this 07 day of October, 2004.

Craig M. Kobza
CRAIG M. KOBZA

STATE OF FLORIDA
COUNTY OF COLLIER

THE FOREGOING INSTRUMENT was acknowledged before me this 7 day of
October, 2004 by CRAIG M. KOBZA who is (personally known to me) or has produced
(driver's license/picture identification) and who (did/did not) take an oath.

My Commission Expires:



Stanley Lieberfarb
My Commission DD116763
Expires August 29, 2006

Stanley Lieberfarb
NOTARY PUBLIC (SEAL)

Typed or printed name

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability corporation,
at the place designated in Article VI of these Articles of Organization, the undersigned
corporation hereby agrees to act in this capacity, and further agrees to comply with the provisions
of all statutes relative to the proper and complete discharge of its duties.

Dated this 07 day of October, 2004.

Craig M. Kobza
CRAIG M. KOBZA

This instrument prepared by:
Stanley J. Lieberfarb, ESQUIRE
1100 Fifth Avenue South
Naples, Florida 34102