

W4000074128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

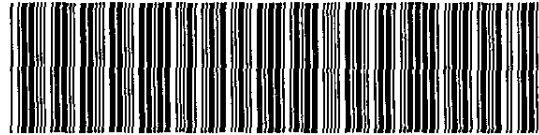
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04 OCT 12 AM 9:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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W4-74128
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 12, 2004

ROSALYN GRAHAM
1000-62ND PLACE SOUTH
ST. PETERSBURG, FL 33705

SUBJECT: AERIAL PROCESSING, L.C.
Ref. Number: W04000018336

We have received your document for AERIAL PROCESSING, L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 604A0003315

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

OCT 12 AM 9:34

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URGENT

ARTICLES OF ORGANIZATION
OF
Aerial Processing, L.G.

DATE: APRIL 15, 2004

TO: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE FILE THE ENCLOSED ARTICLES OF ORGANIZATION AND RETURN A
CERTIFIED COPY AS SOON AS POSSIBLE.

ENCLOSED IS REMITTANCE TO COVER THE FILING FEES, \$160.00

PLEASE CALL ME, 727-543-8954, IF THERE ARE ANY QUESTIONS.

THANK YOU IN ADVANCE FOR YOUR USUAL EFFICIENT SERVICE.

SINCERELY,

Barbara Abraham

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04 OCT 12 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aerial Processing, L.C.
(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:

Rosalyn Graham
(Name of Person)

Aerial Processing, L.C.
(Firm/Company)

2903 15th Avenue South
(Address)

St. Petersburg, Fl. 33712
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosalyn Graham at (727) 543-8954
(Name of Person) (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 12 AM 9:36

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P.S. Was mail with payment May 2004
was rejected # W04000018336
we are now resubmitting paper work.
Thank
P. S.

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aerial Processing, L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Rosalyn Graham

2903 15th Ave. So.

1000 62nd Place South

St. Petersburg, Fl. 33712

St. Petersburg, Fl. 33705

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

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

Rosalyn Graham

Name

1000 62nd Place South

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

St. Petersburg FLORIDA 33705

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

04 OCT 12
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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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:

<u>MGR</u>	<u>Rosalyn Graham</u> <u>1000 62nd Place South</u> <u>St. Petersburg, Florida 33705</u>
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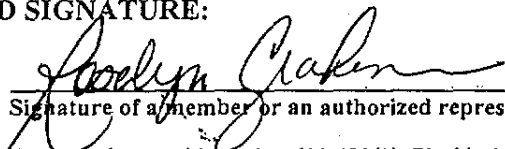
<u>MGRM</u>	<u>Kent Graham</u> <u>2900 47th Avenue South</u> <u>St. Petersburg, Florida 33712</u>
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(Use attachment if necessary)

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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rosalyn Graham

Typed or printed name of signee

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)