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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**AVIATORS MAINTENANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVIATORS maintenance, LLC

ARTICLE II - Address:

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

Principal Office Address:

ALVIN BUREL

Mailing Address:

9451 SE 72<sup>ND</sup> AVE  
OCALA, FL 34472

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

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

ALVIN BUREL  
Name

9451 SE 72<sup>ND</sup> AVE  
Florida street address (P.O. Box NOT acceptable)

OCALA FLORIDA 34472  
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

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ARTICLE IV- Manager(s) or Managing Member(s):  
The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

ALVIN BUREL  
9451 SE 72ND AVE  
OCALA, FL. 34472

MGR

MARY BUREL  
9451 SE 72ND AVE  
OCALA, FL. 34472

(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.)

ALVIN BUREL

Typed or printed name of signer