

L050000 31991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

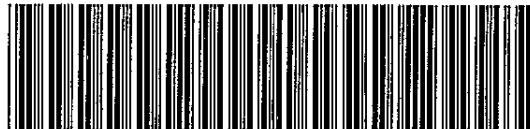
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000048996470

03/24/05--01051--007 \*\*125.00

FILED

2005 MAR 24 AM 10:33

SECRET  
U.S. DEPARTMENT OF JUSTICE

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Citrus Flight, 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:

Robert J. Marckese

(Name of Person)

Citrus Flight, LLC

(Firm/Company)

2471 West Sunrise Street

(Address)

Lecanto, Florida 34461

(City/State and Zip Code)

SECRETARY OF  
TALLAHASSEE, FLORIDA

2005 MAR 24 AM 10:33

FILED

For further information concerning this matter, please call:

Robert J. Marckese

(352) 746 - 2821

at

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

\$130.00 Filing Fee  
& Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

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

**ARTICLE I – Name**

The name of the Limited liability Company is:

**Citrus Flight, LLC**

**ARTICLE II– Duration**

The term of existence of this corporation is perpetual.

**ARTICLE III – Address**

Principal Office Address:	Mailing Address:
2471 West Sunrise Street	2471 West Sunrise Street
Lecanto, Florida 34461	Lecanto, Florida 34461

**ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert J. Marckese

Name

2471 West Sunrise Street

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

Lecanto, Florida 34461

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, F.S..*



Registered Agent's Signature

2005 MAR 24  
TALLAHASSEE  
SECRETARY OF STATE

FILED

**ARTICLE V- 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

Robert J. Marckese

2471 West Sunrise Street

Lecanto, Florida 34461

**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.)

Robert J. Marckese

Typed or printed name of signee

2005 MAR 24 AM 10:33  
SECRETARY OF  
LAHASSSEE, LOUISIANA

FILED