

L05000065573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

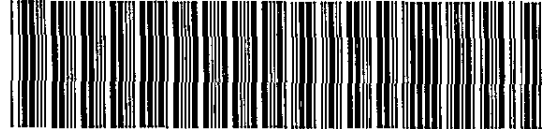
(Business Entity Name)

(Document Number)

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

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07/01/05--01034--021 \*\*125.00

**FILED**  
05 JUL -1 AM 7:38  
RECEIVED  
05 JUL -1 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

**FILE**  
05 JUL - 1 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1- CHARLOTTE COUNTY AIRPARK, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ 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  
CHARLOTTE COUNTY AIRPARK, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
05 JUL - 1 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I — Name:**

The name of the Limited Liability Company is **Charlotte County Airpark, LLC.**

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is. 3073 South Horseshoe Drive, Suite 118, Naples, Florida 34104.

**ARTICLE III — Registered Agent & Registered Office**

The name and street address of the registered agent of the Company is **Michael R. McKinley, Esq., 21175 Olean Blvd., Port Charlotte, Florida 33952.**

**ARTICLE IV — Management:**

The Limited Liability Company is to be managed by the member or members and is, therefore, a manager-managed company. The members of the Limited Liability Company are Richard Vetter and Donald Arnold.

**ARTICLE V - Member Managers**

The name of the Member Manager of Charlotte County Airpark, LLC is as follows:

Richard Vetter  
3073 South Horseshoe Drive  
Suite 118  
Naples, Florida 34104

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 29th day of June, 2005.

  
\_\_\_\_\_  
**Michael R. McKinley, Esq.**  
Authorized Representative of Member

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

SWORN TO AND SUBSCRIBED before me this 29th day of June,  
2005, by **Michael R. McKinley, Esq.**, who is personally known to me or who produced  
                     as identification.

Vivian M. Fahrenholz  
Notary Public



Vivian M. Fahrenholz  
MY COMMISSION # DD286857 EXPIRES  
February 2, 2008  
BONDED THRU TROY FAIR INSURANCE, INC.

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **Charlotte County Airpark, LLC** as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 29th day of June, 2005.

  
\_\_\_\_\_  
Michael R. McKinley, Esq.