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AeronomX LLC

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FAX AUDIT # HOLOWOO 79N 43

# ARTICLES OF ORGANIZATION OF AeronomX LLC

ARTICLE I

NAME

The name of the limited liability company shall be: AeronomX LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 750-4th Street, Cedar Key, Florida 32625.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRES

The name and address of the initial registered agent is: Walter Kraujalis, 750-4th Stree Cedar Key, Florida 32625. Located in the County of Levy.

ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: 12/31/2046.

#### ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Walter Kraujalis, PO Box 1024, Cedar Key, Florida 32625

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717 (608) 827-5300

FAX AUDIT # HOLOOO 790143

## FAX AUDIT # 400000790143

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: AeronomX LLC

The name and address of the registered agent and office is Walter Kraujalis, 750-4th Street, Cedar Key, Florida 32625. Located in the County of Levy.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Walter Kranialis

Date: 03 12206 24 AN IO: 3
AHASSEE, FLOR