10000035391

Office Use Only



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SECRETARY OF STATE OF VISION OF CORPORATION



TRANSMITTAL LETTER

TO: Registration Second Division of Cor					
SUBJECT: Level	Flight LLC (Name of Limited	i Liability Company)			
	Organization and fee(s) are su	_			
Just:	A Banister			DIVISION 2006 MAR	
_	O Cyerus et Dr	Firm/Company)		SECRETARY OF STATE OF CORPORATION	
	ice, FL 3429			6	
	concerning this matter, please				
Tysi: A Braisty at (141) 716-1830 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for	r 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 F Certificate of Status Certified Copy (additional copy is enclosed)	&	
STREET ADDRESS: Registration Section		MAILING A Registration S	* *		

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Level Flight LLC		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1126 M Cyprus Pt Or Venice, FL 34293	1126 N Cypress PT Dr Venice FL 34293	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re	egistered agent are:	DIVISIONE TAR
	Person (P.O. Box NOT acceptable) FL 3 4 2 4 3	18 2 7 Y
Venice City, State, a	FL 3 4 2 4 3 8 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	 .

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

(CONTINUED)

ARTICLE I	V-	Mana	iger(s	s) or	Managii	ng Me	mber((\mathbf{s})):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
	- h - 1.
MGR	Justin Banistir
	1126 N Cypress PT Or Venice, FU 34293
	Venice FL 34243
	
(Use attachment if necessary)	
(Use attachment if necessary)	
NICOTOR A	ant he added if an effective date is unsurested.
NOTE: An additional article in	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
414	
TV N	
Signature of a med	or an authorized representative of a member.
(In population with	section 608.408(3), Florida Statutes, the execution
	onstitutes an affirmation under the penalties of perjury
	ed herein are true.)
13 P	1.
DUSTin DA.	Typed or printed name of signee
	Typed or printed name of signee
Citing Page	
Filing Fees:	
\$125 00 Filing Fee for Articles of O	rognization and Decionation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)