## L07000025731

(Re	equestor's Name)	<del></del>
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRUTARY OF STATE BIVISION OF COPPONATIONS

J. BRYAK MAR - 8 2007.

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Eagles Rest	Aerodrome, LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
<u></u>		L. Raymond, Sr.	
	()	Name of Person)	
· <del></del>	-	e: /o	
	*	Firm/Company)	H.
	PO	Box 92945	
		(Address)	•
	Lakela	nd, FL 33804	
<del></del>	(City	/State and Zip Code)	<u> </u>
For further information	concerning this matter, please	cail:	
	Raymond, Sr.	at (	- 1055
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check f	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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Li	mited Liability Company i	is:	
			o Divis
	Eagles Rest Aero		
(Must end with the words	"Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC,"	or "L.C.") 孟 空消
ADTIONELLA	•		邓明
AKTICLE II - Add	aress:	main aimed a CC and Edha I imited I in	Lillia Camana Sign
the mailing address	s and street address of the	principal office of the Limited Lia	binty Company is:
Principal Office A	ddracer	Mailing Address:	_ 22
i imcipal Office A	uui css.	Maning Address.	· 0 6
2654 State Park Road		P O Box 92945	45
Lakeland, FL 33805		Lakeland, FL 33804	*
(The Limited Liability Co business entity with an a	mpany cannot serve as its own Rective Florida registration.)	ed Office, & Registered Agent's gistered Agent. You must designate an individ	
The name and the F	lorida street address of the	e registered agent are:	EPFECTIVE DA
	Charles L. Ra	avmond. Sr.	02/28/0
	Nan		
	· · ·		
	2654 State F	Park Road	
	Florida street a	address (P.O. Box NOT acceptable)	
	Lakeland	rı 33805	
	City, State	e, and Zip	
liability compan registered agent an statutes relating to	ny at the place designated in Id agree to act in this capac To the proper and complete	to accept service of process for the a on this certificate, I hereby accept the city. I further agree to comply with a performance of my duties, and I am gistered agent as provided for in Ch	e appointment as the provisions of all familiar with and

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manag	er	Name and Address:	
"MGRM" = Mana	aging Member		
MGRM		Charles L. Raymond, Sr.	
	er i julia	2654 State Park Road	
		Lakeland, FL 33805	<u> </u>
MGRM		Barbara A. Raymond	
	<del></del>	2654 State Park Road	<del>-</del> .
-		Lakeland, FL 33805	
	-	-	$ \preceq$
		·	_ K
	<del></del>	<del> </del>	<u> </u>
<del></del>	<del></del>		
	i necessary)		
	ed, the date must be space of filing.)	te of filing: February 28, 2007 (OPT pecific and cannot be more than five business	
LE V: Effective of ffective date is list days after the da	ted, the date must be space of filing.)		
LE V: Effective of ffective date is list days after the da	sed, the date must be stee of filing.)  SNATURE:  Signature of a member of the accordance with sections.	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	
LE V: Effective of ffective date is list days after the da	sed, the date must be space of filing.)  Signature of a member of this document constitution that the facts stated here	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)