10800053377

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pilone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
L. SELLERS
EXAMINER

Office Use Only



600128827956

05/28/08--01006--011 **130.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration Section Division of Corporations	
SUBI	ECT: SIEVERS AIR, LLC	
SODS		Limited Liability Company)
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
	return all correspondence concerning thi	•
	WILLIAM B. McMENAM	Y
		(Name of Person)
	DONAHOO, BALL & Mo	MENAMY, P.A.
		(Firm/Company)
	50 N. LAURA STREET,	SUITE 2925
		(Address)
	June 19, 2002	
		(City/State and Zip Code)
For fu	rther information concerning this matter,	please call:
WIL	LIAM B. McMENAMY	at (904) 354-8080
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amou	nt:
□\$125	.00 Filing Fee S130.00 Filing Fe Certificate of Stat	Ţ ,
	Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
SIEVERS AIR, LLC		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
12926 Littleton Bend Road		
Jacksonville, Florida 32224		
ADTICLE III Designand Agent Designand	1 Office P Designational Assembly C	V
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	registered agent are:	
WILLIAM B. McMEN	AMY	
50 N. LAURA STRE		
	dress (P.O. Box <u>NOT</u> acceptable)	
Jacksonville,	FL 32202	
City, State, a	and Zip	
Having been named as registered agent and to a liability company at the place designated in t		
registered agent and agree to act in this capacity		
statutes relating to the proper and complete pe accept the obligations of my position as regis		
uccept the obligations of my position as region	sierea ageni as providea jor in Cha	ipier 000, F.S
MITTRIM	han.	-1 ~>
Positional Appella Signature	(RECHIRES)	DOS SEC
Registered Agent's Signat	ture (FEQUIRED)	ZIDB HAY 28 SECRETARY TALLAHASS
	_)	公室 2
		K &

(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:

MGRM	Keith D. Sievers	
	12926 Littleton Bend Road	
	Jacksonville, Florida 32224	
- 4		
		
Use attachment if necessary)		
EV: Effective date, if other than the	he date of filing:	(OPTION

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM B. McMENAMY, Authorized Rep.

Typed or printed name of signee

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)

2000 HAY 28 PH 1: 26
SECRETARY OF STATE
TALL AHASSES OF ORIGINAL

Page 2 of 2