

LO8000054520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

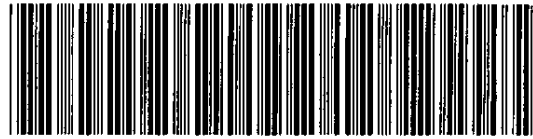
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300130521363

06/02/08--01016--019 \*\*155.00

FILED

08 JUN -2 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 3 2008

EXAMINER

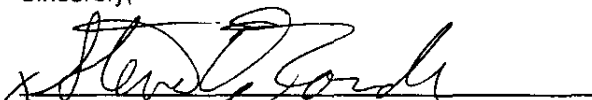
DATE May 28, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: AERO PROPERTY SERVICES LLC

I have enclosed the original and one copy of the Articles of Organization. You will also find my check for \$155.00 to cover the cost of the Filing Fees, Certified Copy of the Articles of Organization and Fee for Registered Agent Designation for the above named LLC.

Sincerely,

  
STEVEN DERONDE

Please send accepted Articles of Organization to the following address:

STEVEN DERONDE  
15126 BRIAR RIDGE CIRCLE, FT. MYERS, FL. 33912

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I -Name:**

The name of the Limited Liability Company is: AERO PROPERTY SERVICES LLC

**ARTICLE II -Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 15126 BRIAR RIDGE CIRCLE, FT. MYERS, FL. 33912

**ARTICLE III -Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

NAME: STEVEN DERONDE  
FL City, State, and Zip: 15126 BRIAR RIDGE CIRCLE, FT. MYERS, FL. 33912

*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

*Steven Deronde*

Article IV Manager(s) or Managing Member(s)

Title

Name and Address

MGRM

STEVEN DERONDE  
15126 BRIAR RIDGE CIRCLE  
FT. MYERS, FL. 33912

FILED  
08 JUN -2 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article V -Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

**ARTICLE V: Effective Date**

The effective date is: WHEN FILED

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

*Steven Deronde*

STEVEN DERONDE

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