

L080000 88362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

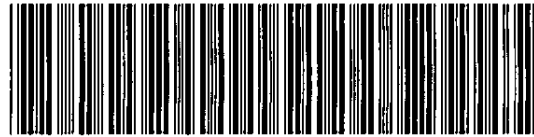
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300135997633

09/17/08--01010--006 **155.00

RECEIVED
08 SEP 17 AM 10:20
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 SEP 17 AM 10:45
DEPT. OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

SEP 17 2008

EXAMINER



UCC FILING & SEARCH SERVICES, INC.
1574 Village Square Blvd Ste 100
Tallahassee, Florida 32309
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

September 17, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Hoffman Aviation LLC

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION
OF
HOFFMAN AVIATION LLC
FLORIDA LIMITED LIABILITY COMPANY**

FILED
08 SEP 17 AM 10:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
HOFFMAN AVIATION LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

622 North Flagler Drive, # 804
West Palm Beach, FL 33401

Mailing Address:

Barish & O'Brien
572 North Broadway
White Plains, NY 10603

The registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Ashley Hoffman

Name

622 North Flagler Drive , # 804

Florida street address (P.O. Box NOT acceptable)

West Palm Beach Florida 33401

City, State, and Zip

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, Florida Statutes.


Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Members(s):

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

Title

Name and address

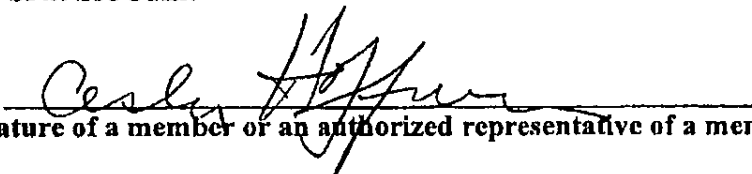
"MGR"= Manager

MGRM

**ASHLEY HOFFMAN
622 North Flagler Drive, # 804
West Palm Beach, FL 33401**

NOTE: An Additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.406(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ashley Hoffman

Typed or printed name of signee