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(Requestor's Name) (Address) (Address)	600162203726				
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(Business Entity Name)				TAL	2009
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Certified Copies <u>1.8.45.</u> Certificates of Status	<u>r</u> bre		;	OF S	P D
Special Instructions to Filing Officer:				ORIDA.	

Office Use Only

M. THOMAS

OCT 3 0 2009

EXAMINER

COVER LETTER

	egistration Section ivision of Corporation	s		
SUBJECT	: RHINO	A EROSP Name of Limite	ORTS LLC d Liability Company	
The enclos	ed Articles of Organiza	tion and fee(s) are s	ubmitted for filing.	
Please retu	rn all correspondence c	oncerning this matte	er to the following:	
	CHARLES			
	RHINO A		Name of Person S L Firm/Company	
	229 SEA CO	AST LANE	, -	TALLAR PR
<u>F</u>			FL 32082 //State and Zip Code E GMAIL. Com or future annual report notification	72.4
For further	r information concernin			111)
CHARL	ES E. MARSH Name of Person	ALL	at (90 4) 806 - Area Code & Daytime	O033 Telephone Number
		•	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	' <u>Mai</u>	ling Address:			
RHINO AEROSPORTS LL 229 SEA COAST LANE PONTE VEDRA BEACH, FL	7.2	9 SEA COA	SPORTS LLO ST LANE SEACH, FL 3:	_	-
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre	is own Registered Ag	ent. You must designa	Agent's Signat te an individual ASSE	u கு: எஞ் 29	TIL
CHARLES !	•	_	OF STALE	PH 2: 14	Ö
229 SEA (Florida street ac	COAST LANE ddress (P.O. Box N				
D - 11-	BEACH FL	32082			

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MARSHALL IT LANE BEACH, FL 32082	
700	
ECRETARY LLAHASSE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
<u>-</u>	18 C. SECRETARY OF THE

REQUIRED SIGNATURE:

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

(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.)

E. MARSHALL
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)