(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:



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COVER LETTER

Division of Co			
A di sana	ad Aviation Crown 11.C		
SUBJECT: Advanc	ed Aviation Group LLC Name of Limit	ed Liability Company	
	Traine of Billing	od Diability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
Bryan Hurley			
		Name of Person	
Advanced Av	iation Group LLC		
		Firm/Company	
4129 United A	Avenue		
	· · · · · · · · · · · · · · · · · · ·	Address	
Mount Dora, I	FL 32757		
		y/State and Zip Code	
david.schultz(@americraftcookware.co		
·	E-mail address: (to be used	for future annual report notification)	····
For further information	concerning this matter, please	e call:	
David Schultz		at (352)483-7600	x. 246
	of Person	at (352) 483-7600 Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
	\$130.00 Filing Fee &	D £155.00 Elling For 8.	\$160.00 Eiling For
□\$125.00 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	Street/Courier Address Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liabil	lity Company is:	
Advanced Aviation Group		
(Must end with the v	words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
4129 United Avenue	4129 United Avenue	
Mount Dora, FL 32757	Mount Dora, FL 32757	
	gent, Registered Office, & Registered Ageserve as its own Registered Agent. You must designate an igistration.)	
The name and the Florida street	t address of the registered agent are:	10 TAL
Bryan Hurle	ey	£3 3
Name		FIL MAR 26 UNCTAK
4129 Unite	ed Avenue	
	Florida street address (P.O. Box NOT acceptable)	OF S
Mount Dora	_{FL} 32757	OR TA
	City. State, and Zin	음글 싫

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 (REQUIRED)

(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:

Title:		Name and Address:	
"MGR" = Mana "MGRM" = Ma			
MORIVI - IVIA	maging Member		
MGR		Bryan Hurley	
		4129 United Avenue	
		Mount Dora, FL 32757	
MGRM		Mike Brown	
		4129 United Avenue	
		Mount Dora, FL 32757	
			
			
· · · · · · · · · · · · · · · · · · ·		·	
(Use attachment	if necessary)		
(Ose attachment	in necessary)		
TICLE V: Effective	date, if other than the	date of filing: (OPTIONAL)
		e specific and cannot be more than five bu	
or 90 days after the d	ate of filing.)	_	
DEOLIDED SI	CNATUDE.		
<u>REQUIRED</u> SI	GNATURE:		
	171		
	Signature of a membe	er or an authorized representative of a member.	FIL 10 MAR 26 BECKETARY ALLAHASSI
	(In accordance with sec	ction 608.408(3), Florida Statutes, the execution	新聞 第 m
	of this document consti	itutes an affirmation under the penalties of perjury	FIL 26 ASSE
	that the facts stated her	rein are true.)	m or m
	Bryan Hurley		<u> </u>
		ped or printed name of signee	
Filing Fees	Ty	ped or printed name of signee	I: 39 STATE LORIDA

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)