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SECRETARY OF STATE

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: Aviation Joint Resource	es LLC
	ed Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	
Richard G. Tippins	Name of Person  Pirm/Company  Firm/Company
	Name of Person
	SEE S
	Firm/Company
16290 Alexander Run	ORIE DE
	Address
Jupiter, Florida 33478	•
	//State and Zip Code
richtip@msn.com	
	or future annual report notification)
For further information concerning this matter, please	call:
Richard G. Tippins	at ( 561 ) 758-2062
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Status & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	22	2010 NOV	
ARTICLE II - Address:		SS	ভা	
The mailing address and street address	of the principal office of the Limited Liabil	in <u>C</u> o	n <b>ys</b> any i	isi: T
Principal Office Address:	Mailing Address:	STATE	= =	٠
16290 Alexander Run	16290 Alexandr Run	E		
Jupiter, Florida 33478	Jupiter, Florida 33478			

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Mark A.	Carman CPA
	Name
Suite 20	07 50 S. U.S. Highway One
	Florida street address (P.O. Box NOT acceptable)
Jupiter,	<sub>FL</sub> 33477
	City State and Zin

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

<u>Title:</u> "MGR" = Manager	Name and Address:	2018 NOV
"MGRM" = Managing Member		HASSES SE
MGR	Richard G. Tippins	Erro 3
	16290 Alexander Run Jupiter, FL 33478	EFO P
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under lam aware that any false infor	er or an authorized representative of a 8.408(3), Florida Statutes, the execution cer the penalties of perjury that the facts starmation submitted in a document to the De	member. of this document the decimal are true.
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