

12/21/11

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Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

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Account Name : HUBCO
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 Phone : (516) 935-3940
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sts2997071@gmail.com

FLORIDA LIMITED LIABILITY CO.
S.T.S. Aviation LLC

Certificate of Status	1
Certified Copy	0
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C. LEWIS
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SECRETARY OF STATE
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **S.T.S. Aviation LLC**

ARTICLE II - Address

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

Principal Office Address:

Hangar 11 Ormond Airport

Ormond Beach, FL 32174

Mailing Address:

1412 North Halifax Avenue

Daytona Beach, FL 32118

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

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

Sandor Schlaffer

Name

1412 North Halifax Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Daytona Beach, FL 32118

(City / State / 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, F.S.


Registered Agent's Signature - Sandor Schlaffer

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Sandor Schiaffer - 1412 N. Halifax Ave., Daytona Beach, FL 32118

MGR

Tina Schiaffer - 1412 N. Halifax Ave., Daytona Beach, FL 32118

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Sandor Schiaffer

Typed or printed name of signer

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