(Requestor's Name)
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02/13/12--01036--009 **125.00

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: AeroC	oder LLC.		
5000			ed Liability Company	
The e	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	e return all corresp	ondence concerning this matt	er to the following:	
	James W	ayne Wilkerson	N. OB	
			Name of Person	
	AeroCode	er LLC.`		
			Firm/Company	
	2380 Palr	n Lake Drive		
			Address	
	Merritt Islar	nd FL 32952		
		Cit	y/State and Zip Code	
	JWayneWill	erson@gmail.com		
		E-mail address; (to be used t	or future annual report notification)	
For fu	erther information	concerning this matter, please	e call;	
J. W	/ayne Wilkers	son	at (321) 4310805	
	Name	of Person	Area Code & Daytime Telepl	none Number
Enclo	sed is a check fo	r the following amount:		
√]\$125.0	00 Filing Fee	\$130.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
AeroCoder LLC.		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
2380 Palm Lake Drive Merritt Island FL 32952	2380 Palm Lake Drive Merritt Island FL 32952	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		lual or another
The name and the Florida street address of	the registered agent are:	2 FEB
James Wayne Will	kerson	S = 3
	Name	rn-<
2380 Palm La	ke Drive	
Florida str	eet address (P.O. Box NOT acceptable)	2 ii
Merritt Island	_{FL} 32952	With On

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..

City, State, and Zip

Page 1 of 2

(CONTINUED)

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" = Manager "MGRM" = Managing Member	
MOKWI — Managing Member	
MGR	James Wayne Wilkerson
	2380 Palm Lake Drive
	Merritt Island FL 32952
<u></u>	
(Use attachment if necessary) CLE V: Effective date, if other tha effective date is listed, the date m	an the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other tha	an the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other tha effective date is listed, the date in	nn the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days Wazne Warne free days member or an authorized representative of a member.
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CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE: Signature of a model of the date of filing.	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE: Signature of a model of the date of filing.	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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