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CALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 8 Flag	gs Aviation, سر		
		ed Liability Company	
	of Organization and fee(s) are		
Please return all corresp	condence concerning this matt	er to the following:	
Brian D.	Echard		
		Name of Person	
8 Flags A	Aviation, u.c.		
	• ,	Firm/Company	72
PO Box 5	511		7 P
		Address	
Earnandin	- Page El 22025		SEE 24
remandina	a Beach, FL 32035	y/State and Zip Code	
bdechard@		,······	
5330.13.36		or future annual report notification)	
For further information	concerning this matter, please	e call:	
Brian D. Echard		at (904) 583-4276	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:		
\$125.00 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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
8 Flags Aviation, LLC.	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
306 1/2 Centre Street Fernandina Beach, FL 32034	PO Box 511 Fernandina Beach, FL 32035
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Brian D. Echard	の 24 ア
Name	
306 1/2 Centre St	treet SE C
Florida street add	ress (P.O. Box NOT acceptable)
Fernandina Beach	_{FL} 32034

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

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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member Brian Echard, MGCM	MGRM BRIAN ECHARD 306 1/2 (enhe ST. FERMOING Beach FL 32034
···	
	2912 74.00 7
	SEP 24 HASSE
M. A. Pro Alignania	The Part of the Pa
(Use attachment if necessary)	ADA ADA
effective date is listed, the date must b	e date of filing: (OPTIONAL) be specific and cannot be more than five business days price
CLE V: Effective date, if other than the effective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) De specific and cannot be more than five business days price
effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days price

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Brian D. Echard

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)