

**L13000025900**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

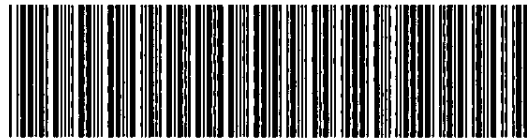
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**FEB 19 2013**

**S. TONER**

Office Use Only



**500244608475**

02/18/13--01026--016 \*\*125.00



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13 FEB 18 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ATTN Gretchen

4:15 am  
1-25-13  
Spoke  
Show  
Direct Line  
1-850-245-6688

<b>WESTERN MONEY ORDER</b>		<b>WESTERN UNION FINANCIAL SERVICES INC. - ISSUER</b>	
<small>Payable at Wells Fargo Bank Grand Junction - Dinosaur, N.A., Grand Junction, Colorado</small>		<small>Englewood, Colorado</small>	
	A 333381 D 122112 T 1327 21 142752791723 L 032750	14-275279172	\$ 35.00
<small>(Please verify)</small> NOT GOOD OVER \$500		D0610200005289	
PAY EXACTLY		THIRTY-FIVE DOLLARS AND NO CENTS	
PAY TO THE ORDER OF		Registration Set / Div. of Corp.	
PURCHASER'S ADDRESS		Stw Books / Logistics LLC	
			

ATTN Gretchen

1-850-245-6030

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **S W BURNS AVIATION/ LOGISTICS "LLC."**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**LUCRETIA BURNS**

Name of Person

**S W BURNS AVIATION/ LOGISTICS "LLC."**

Firm/Company

**24 MAGNOLIA DR. N**

Address

**ORMOND BEACH, FL 32174**

City/State and Zip Code

**GRINERE1@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**EMMITT GRINER**

Name of Person

at **407 748-0869**

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

S W BURNS AVIATION/ LOGISTICS "LLC."

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

24 MAGNOLIA CIR #2  
ORMOND BEACH, FL 32174

24 MAGNOLIA DR. NORTH  
ORMOND BEACH, FL 32174

**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:

EMMITT GRINER

Name

24 MAGNOLIA DR. N

Florida street address (P.O. Box **NOT** acceptable)

ORMOND BEACH, FL 32174

City, State, and 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.*

*\* Emmitt Griner*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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13 FEB 18 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

LINDA PLATTE

1783 DAYTONA LANE  
JACKSONVILLE, FL 32218

MGR

LEONARD CLARK

1008 W. KING ST.  
ST. AUGUSTINE, FL 32084

MGR

ANGELO V LAWSON

146 LARAMIE DR  
PALM COAST, FL 32137

MGR

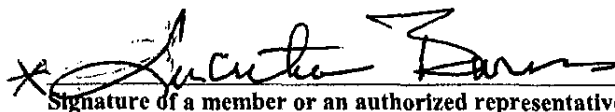
TAFT FOWLER

2511 LIGUSTURM  
JACKSONVILLE, FL 32211

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an 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. 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.)

\* Lucretia Burns

Typed or printed name of signer

**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)