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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

MAR 2 6 2013 D. BRUCE

COVER LETTER

TO:	Registration Division of C						
SUBJI	·CT·	JK Avi	ation, LL	.C			
30101		Name of Limit	ed Liability Comp	any			
The en	closed Articles of	of Organization and fee(s) are	submitted for filing	g.			
Please	return all corres	pondence concerning this matt	er to the following	ţ:			
		Jeffrey	/ H. Kuha	arske			
			Name of Person			······································	
		JK A	viation, L	.LC			
			Firm/Company			······	
		2368 E	Bay Lake	Loop			
			Address		 		
		Grovela	ind, FL	34736			r
		Cit	y/State and Zip Cod	c		720	
			atski@aol.c			2013 K	
		E-mail address: (to be used t	or future annual rep	ort notification)		新	-
For fur	ther information	concerning this matter, please	call:			25 ARY YSSE	
Je	effrey H	. Kuharske	352	429-2 & Daytime Tele	254	PH 3	7
	Name	of Person	Area Code	e & Daytime Tele	ephone Number	STATE LORIDA	متلاهو
Enclos	sed is a check f	or the following amount:					
□\$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	ppy	\$160.00 Fili Certificate of Certified Co (additional co	of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Registrat Division Clifton E	courier Address tion Section of Corporation Building ecutive Center (s		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	ity Company is:	
	JK Aviation, LLC	
(Must end with the w	vords "Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:		
The mailing address and street a	address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address	<u>i</u>
2368 Bay Lake Loop	2368 Bay Lake Loop	
Groveland, FL 34736	Groveland, FL 34736	
(The Limited Liability Company cannot se business entity with an active Florida reg	gent, Registered Office, & Register erve as its own Registered Agent. You must desi istration.) address of the registered agent are:	
	Diana G. Kuharske	HAS
	Name	SEE F
	2368 Bay Lake Loop	4 3: O
	Florida street address (P.O. Box NOT ac	ceptable) STATE
Groveland	d, _{FL} 34736	
	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..

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:

"A/I ÷IZ" == B/IODO@@#	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORIM - Managing Member	
MGR	Jeffrey H. Kuharske
	2368 Bay Lake Loop
	Groveland, FL 34736
MGR	Diana G. Kuharske
	2368 Bay Lake Loop
	Groveland, FL 34736
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CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 60)	st be specific and cannot be more than five business days Constitute Constitut
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a membe	st be specific and cannot be more than five business days AHAR 25 PH OR 408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a membe	st be specific and cannot be more than five business days 2019 MAR 25 PH 3 208.408(3), Florida Statutes, the execution of this document 3:
ICLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a memb	st be specific and cannot be more than five business days ALCARY DEFORMANCE AND SECONDARY DEF

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)