

L13000092049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP.. ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

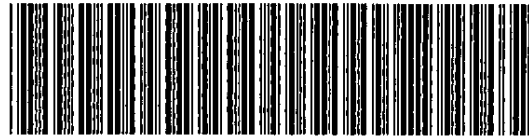
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 06/25/13

W13 0000 34396



900248538729

06/12/13--01007--025 **125.00

FILED
2013 JUN 25 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 26 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2013

STEPHEN L. ST. CLAIR
130 WOODCREEK DR. E.
SAFETY HARBOR, FL 34695

SUBJECT: WEST FLORIDA FLYING SERVICE, LLC
Ref. Number: W13000034396

We have received your document for WEST FLORIDA FLYING SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 12, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 513A00014882

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TALLAHASSEE, FLORIDA

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: West Florida Flying Service, 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:

Stephen L. St. Clair

Name of Person

Firm/Company

Address

130 Woodcreek Dr. E. Safety Harbor, FL 34695

City/State and Zip Code

stevelstc@aol.com

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

For further information concerning this matter, please call:

Stephen L. St. Clair

Name of Person

at (**727**) **458-6865**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Florida Flying Service, 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:

130 Woodcreek Dr. E.

Safety Harbor, Florida 34695

Mailing Address:

130 Woodcreek Dr. E.

Safety Harbor, Florida, 34695

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:

Stephen L. St. Clair

Name

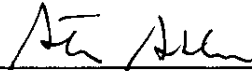
130 Woodcreek Dr. E.

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

Safety Harbor, FL 34695

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)

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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 _____

Stephen L. St. Clair _____

130 Woodcreek Dr. E. _____

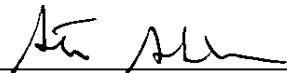
Safety Harbor, Fl. 34695 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/25/2013th (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.)

Stephen L. St. Clair _____

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The EIN for West Florida Flying Service, LLC. Is:

35-2477867

As of 6/4/2013

SE me

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SECRETARY OF STATE
TALLAHASSEE FLORIDA