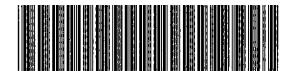
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COVER LETTER

· TO:

Registration Section
Division of Corporations

SURJECT

Rucks Aircraft and Pilot Service, L.L.C.

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:

Jonathan Earl Rucks jr

Name of Person

Rucks Aircraft and Pilot Service, L.L.C.

Firm/Company

405 Northeast 160th Street

Address

Okeechobee, Florida 34972

City/State and Zip Code

jerucks@gmail.com

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

For further information concerning this matter, please call:

Jon Rucks

540

537-2540

Name of Person

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

mited Liability Company is: sited with the words "Limited Liability Company, "L.L.C.," or "LLC.") dress: site and street address of the principal office of the Limited Liability Company, "L.L.C.," or "LLC.") dress: site and street address of the principal office of the Limited Liability Company, "L.L.C.," or "LLC.") dress: site and street address of the principal office of the Limited Liability Company, "L.L.C.," or "LLC.") dress: site and street address: 405 N.E. 160th St. Okeechobee, Florida 34972 Clorida street address of the registered Agent. You must designate an individual or another active Florida registration.) Florida street address of the registered agent are: Jonathan Earl Rucks jr Name 405 N.E. 160th St. Florida street address (P.O. Box NOT acceptable) Okeechobee FL Grity, State, and Zip State agent and to accept service of process for the above stated lings at the place designated in this certificate. I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the provision for the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties, and I am familiar to the proper and complete performance of my duties.				
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ARTICLE IV- Manager(s) or Managing Member(s):The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	Name and Address:
MGR	Jon Rucks
	405 N.E. 160th St.
	Okeechobee, Florida 34972
(Use attachment if necessary)	
	an the date of filing: (OPTIONA
ICLE V: Effective date, if other the effective date is listed, the date	an the date of filing: (OPTIONA must be specific and cannot be more than five busines ng.)
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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)