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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

K. SALY

FEB 1 0 2014

COVER LETTER

| TO: | Registratio Division of | on Section Corporations | ** | |
|---------|----------------------------|---|--|------|
| SUBJE | _{кст.} М & | M Aero LLC | | |
| 301101 | | | ed Liability Company | |
| The en | closed Article | es of Organization and fee(s) are | submitted for filing. | ¥ , |
| Please | return all corr | respondence concerning this mat | ter to the following: | |
| | Marina | R. Planchak | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | 2427 S | affron Lane | | |
| | | | Address | |
| | The Villa | ges, FL 32162 | | |
| i. • | | | y/State and Zip Code | |
| | marinara | yla@gmail.com | for future annual report notification) | |
| For fur | ther informati | ion concerning this matter, please | · | |
| | inos informaci | on concerning this matter, preas- | | |
| Mari | na Rayla | | _at (352) 603-4248 | |
| -1, | Na | me of Person | Area Code & Daytime Telephone Number | |
| Enclos | sed is a check | k for the following amount: | | |
| |) Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed) | us & |
| | | 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

| Δ | \mathbf{p}_{1} | 11 | ľ | F. | T _ | Na | me: |
|---|------------------|----|------|-----|-----|-----|-----|
| | . [| | 7 L. | ar. | _ | 172 | |

The name of the Limited Liability Company is:

| EFFECTIVE DATE |
|----------------|
|----------------|

M & M Aero 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: | |
|--|---|--|
| Marina R. Planchak | Marina R. Planchak | |
| 2427 Saffron Lane | 2427 Saffron Lane | |
| The Villages, FL 32162 | The Villages, FL 32162 | |
| ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of | m Registered Agent. You must designate an indiv | |
| The name and the Florida sheet address o | if the registered agent are. | FE F |
| [↑] Marina R. Plancha | ak | AR 68 二 |
| | Name | SSE J L |
| 2427 Saffron | Lane | E PERSONAL PROPERTY OF THE PERSONAL PROPERTY O |
| Florida street address (P.O. Box NOT acceptable) | | FIST 5 |
| The Villages | _{FL} 32162 | 5: 47 STATE FLORIE |
| | 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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Me | Name and Address: | | |
|---|--|--|--|
| MGRM | Marina R. Planchak 2427 Saffron Lane | | |
| | The Villages, FL 32162 | | |
| MGRM | Michael P. Planchak | | |
| | 7383 McSmith Lane | | |
| | Dayton, OH 45414 | | |
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| (Use attachment if necessa ARTICLE V: Effective date, if oth (If an effective date is listed, the date of filin | ner than the date of filing: February 4, 2014 (OPTIONAL) ate must be specific and cannot be more than five business days prior | | |
| <u>REQUIRED</u> SIGNATUR | EE: | | |
| > | 5 . R 190 11 | | |
| Signature of a member or an authorized representative of a member. | | | |
| (In accordance with constitutes an affir I am aware that an | h section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.) | | |
| Marin | a R. Planchak | | |
| | 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)