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| (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: |
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Office Use Only



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05/16/14--01006--012 **155.00

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|----------------|
| SUBJECT: G.L.R Aviation 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: | |
| Oluwole Stephen Ojo Name of Person | |
| G.L.R Aviation LLC Firm/Company | |
| | . = 2 |
| 1002 Sutton Circle Apt 21 Address | |
| Addicas | ZBILEAY SECRET |
| Daytona Beach FL, 32114 | SS 5 |
| City/State and Zip Code | PH IZ: 11 |
| stephojo2009@yahoo.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | , |
| Oluwole Stephen Ojo at (386) 3343942 | _ |
| Name of Person Area Code Daytime Telephone Number | er |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified | e of Status & |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|---|--|
| G.L.R Aviation LLC | | |
| (Must end with the words "Limited | d Liability Company, "L.L.C.," or ' | "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal of | office of the Limited Liability Com | pany is: |
| Principal Office Address: | Mailing Address: | |
| 1002 Sutton Circle Apt 21 Daytona Beach FL. 32114 | 1002 Sutton Circle Apt 21 D Beach FL. 32114 | |
| ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration | Registered Agent. You must design | |
| The name and the Florida street address of the registered | d agent are: | |
| Oluwole Stephen Ojo Nam | | |
| Name | e | |
| 1002 Sutton Circle Apt 21 Florida street address (P.O. Bo | x NOT acceptable) | |
| Daytona Beach | FL 32114 | |
| City | Zip | |
| Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol | pt the appointment as registered age of all statutes relating to the prope | ent and agree to act in this r and complete performance |
| Sojo | | _ |
| Registered Agent's Signa | ature (REQUIRED) | 2014 ME SECON |
| (CONTINU Page 1 of | - | HASSE |
| | | E. FLORIDA |

| <u>Title:</u> "AMBR" = Authorized Memb | Name and Address: |
|--|---|
| "MGR" = Manager | |
| AMBR | Oluwole Stephen Ojo |
| | 1002 Sutton Circle Apt 21 Daytona Beach FL. |
| | 32114 |
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| (Use attachment if necessary) | |
| ctive date is listed, the date n f filing.) | an the date of filing: 07/01/2014 (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 da |
| ctive date is listed, the date n f filing.) | |
| ctive date is listed, the date in filing.) E VI: Other provisions, if any. | |
| ctive date is listed, the date in filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | nust be specific and cannot be more than five business days prior to or 90 da |
| ctive date is listed, the date in filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any | |
| E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any constitutes a third de | re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) |
| E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any constitutes a third de | re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) le Stephen Ojo Typed or printed name of signee |
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