

L14 000088645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

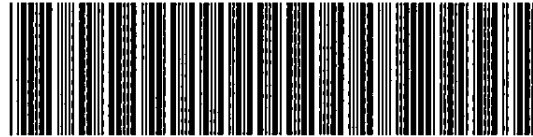
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300259265333

04/28/14--01054--001 **130.00

FILED
14 MAY 27 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3571



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2014

DEBBIE FAULKNER, ESQ
3110 ALT US 19 N
PALM HARBOR, FL 34683

SUBJECT: TOP GUN INSTRUCTIONAL FLIGHT, LLC
Ref. Number: W14000027471

We have received your document for TOP GUN INSTRUCTIONAL FLIGHT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00009296

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Top Gun Instructional Flight, 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:

Debbie Faulkner, Esquire

Name of Person

The Faulkner Firm, P.A.

Firm/Company

3110 Alt. US 19 North

Address

Palm Harbor, FL 34683

City/State and Zip Code

debbie@thefaulknerfirm.com

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

For further information concerning this matter, please call:

Debbie Faulkner, Esquire

Name of Person

at (727)

Area Code

781-7428

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

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the limited liability company is: **TOP GUN INSTRUCTIONAL FLIGHT, LLC** ("LLC").

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3110 ALTERNATE US 19 NORTH
PALM HARBOR, FL 34683

ARTICLE III – Written Operating Agreement

Any operating agreement entered into by the Members of the Limited Liability Company and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

ARTICLE IV – Employer Identification Number

The Employer Identification Number for the Company is 46-5421238.

ARTICLE V – Authorized Member

The name and address of the person authorized to manage the Company are:

Seth Claytor, Manager (MGR)
c/o The Faulkner Firm, P.A.
3110 Alternate US 19 North
Palm Harbor, Florida 34683

FILED
14 MAY 27 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI: Effective Date.

The effective date shall be the date of filing.

ARTICLE VII- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Debbie Faulkner, Esq.

Name

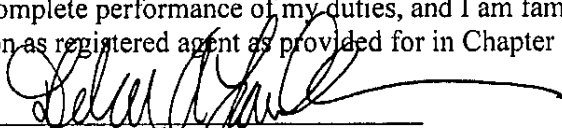
3110 Alternate Us 19 North

Florida street address (P. O. Box Not acceptable)

Palm Harbor, FL 34683

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 605, F.S.


Registered Agent Signature:

Signature of Member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)


Debbie Faulkner

FILED
14 MAY 27 AM 10:09
DEPT. OF STATE
TALLAHASSEE, FLORIDA