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(Re	questor's Name)	
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(On	J. 2-200-10-10-11	-·· ,
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. BOSTICK

JUL - 1 2014

E: AMINER

COVER LETTER

TO: Registration Section Division of Corporations	. •	
SUBJECT: <u>Haley Aviation, LLC</u> Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar		
Please return all correspondence concerning this ma	atter to the following:	
Michael Robert Sammons	Name of Person	
Haley Aviation, LLC	Firm/Company	<u> </u>
1321 6th Avenue	Address	
Marco Island, FL34145	ity/State and Zip Code	
· ·	d for future annual report notifica	ition)
For further information concerning this matter, plea	ase call:	
David L.Ciccarello, Esq. at ()		lephone Number :
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	□\$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	Street/Courier Adda Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Haley Aviation, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1321 6th Avenue Marco Island, FL 34145	1321 6th Avenue Marco Island, FL 34145
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
<u>David L. Ciccarello, Esq KNo</u> Name	tt Ebelini Hart
1625 HEndry Street Florida street address (P.O. Box)	NOT acceptable)
Fort Myers	FL 33901
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signatu	re (KEQUIKED)
(CONTINUE	D) 5.5

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR Michael Robert Sammons 1321 6th Avenue Marco Island, Fl. 34145 AMBR Michael Robert Sammons & Ronda Ela 1321 6th Avenue Marco Island, Fl. 34145 (Use attachment if necessary) CLE V: Effective date, if other than the date of filling: effective date is listed, the date must be specific and cannot be more than five business days precedent of filling. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member (In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this of constitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.) Michael Robert Sammons. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	a Elaine Haley
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