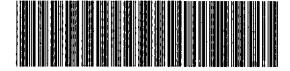
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration	n Section Corporations		To t
Division of	Corporations		Am +
SURIECT: Will Av	viation Consulting, LLC.		三
THE TA	Name of Li	mited Liability Company	· 2000 1
			र्मित्री (जारू) १ (जिस्सी) सम्बद्ध
The enclosed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please return all corre	espondence concerning this n	natter to the following:	
<u>Dennis \</u>	V. Wijt		
		Name of Person	
ARIL A	.tia		
VVIII AVIE	ation Consulting, LLC.	Firm/Company	
687 Brus	sh Foot Or.		· · · · · · · · · · · · · · · · · · ·
		Address	
Schoolin	m Et 22050		
Senastia	n, FL 32958	City/State and Zip Code	
_dwwilt@aol.cor	n		
	E-mail address: (to be use	ed for future annual report notification	ation)
For further information	on concerning this matter, ple	ase call:	
Dennis W. Wilt	at (at (at (at (757) 784-8113 Area Code Daytime Te	lephone Number
19dii	ne of Person	Area Code Daytime re	repriorie Number
Enclosed is a check for	or 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)
N# - 5	Dir	g. 46 t t1	

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 Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1 1

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
Wilt Aviation Consulting, LLC,		91.0m
	ited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
687 Brush Foot Dr.	687 Brush Foot Dr.	
Sebastian, Fl. 32958	Sebastian, FL 32958	
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra The name and the Florida street address of the registe	ation.)	gnate an individual or
Dennis W. Wilt	nme	
687 Brush Foot Dr. Florida street address (P.O. I	Box NOT acceptable)	
Sebastian	FL 32958	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles Registered Agent's Signature.	cept the appointment as registered agons of all statutes relating to the proper obligations of my position as register apter 605, F.S.,	ent and agree to act in this r and complete performance
(CONTI	NUED)	38 3
Page I	of2	FILE CRETANIC LANASSEE

AMBR" = Authorized Member MGR" = Manager AMBR Donna Forsyth Wilt 687 Brush Foot Dr. Sebastian, FL 32958 AMBR Dennis W. Wilt 687 Brush Foot Dr. Sebastian, FL 32958 Use attachment if necessary) V: Effective date, if other than the date of filing: August 1, 2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any.	<u> Citle:</u>	Name and Address:
Donna Forsyth Wilt 687 Brush Foot Dr. Sebastian, FL 32958 AMBR Dennis W. Wilt 687 Brush Foot Dr. Sebastian, FL 32958 Dennis W. Wilt 687 Brush Foot Dr. Sebastian, FL 32958 Use attachment if necessary) V: Effective date, if other than the date of filing: August 1, 2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or siling.) VI: Other provisions, if any. EOUIRED 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 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.) Dennis W. Wilt Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	'AMBR" = Authorized Member	
AMBR Dennis W. Wilt 687 Brush Foot Dr. Sebastian, FL 32958 Dennis W. Wilt 687 Brush Foot Dr. Sebastian, FL 32958 Dennis W. Wilt 687 Brush Foot Dr. Sebastian, FL 32958 List of the than the date of filing: August 1, 2014 (OPTIONAL) (OPTIONAL) (OPTIONAL) (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjuy 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 a third degree felony as provided for in s.817.155, F.S.) Dennis W. Wilt 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)	"MGR" = Manager	
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Page 2 of 2

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