Division of Corporations Electronic Filing Cover Sheet

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(((H150000073573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878~5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. L&K Aviation, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 2 2015

1/9/2015

(2/4)

COVER LETTER

TO:	Registration Division of C			
SUBJE	CT: <u>L&K Av</u>	ation, LLC Name of Lin	nited Liability Company	
			-	
The enc	losed Articles	of Organization and fee(s) as	re submitted for filing.	
Please r	eturu all corres	pondence concerning this m	atter to the following:	
	Todd A. f	Broski		
			Name of Person	
	Frantz W	ard, LLP		
			Firm/Company	
	127 Publ	c Square, 2500 Key Cent	9r	
			Address	
	Cleveland	I, OH 44114		
	Marie Com		City/State and Zip Code	
<u>tbr</u>	oski@frantzw	ard.com	d for future annual report notifica	ition)
For furt	her informatio	n concerning this matter, ple		
		,		
Todd A	N. Broski	nc of Person	216) 615-1653 Area Code Daytime Te	lephone Number
	14011	ic of refacil	Aica code buyinne vo.	apriono i value
Enclose	d is a check fo	r the following amount:		
☑ \$ 125.0	0 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fitting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ma	ling Address	Street/Courier Add	re <u>\$\$</u>

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

L&K Aviation, LLC		
(N	dust end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres	se:	
The mailing address and	d street address of the princ	sipal office of the Limited Liability Company is:
Principal Office Addre	(2) :	Mailing Address:
435 Dockside Dr.		19511 Progress Dr
Penthouse #2		Strongsville, OH 44149
Naples, FL 34110 ARTICLE III - Regist The Limited Liability (Company cannot serve as it	Atto: Frank Kovacik Mee, & Registered Agent's Signature: s own Registered Agent. You must designate an individ
Naples, FL 34110 ARTICLE III - Regist The Limited Liability (mother business entity) The name and the Florid	Company cannot serve as it with an active Florida regi	Atto: Frank Kovacik Mee, & Registered Agent's Signature: s own Registered Agent. You must designate an individuation.)
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Naples, FL 34110 ARTICLE III - Regist The Limited Liability (unother business entity) The name and the Florid	Company cannot serve as it with an active Florida regi	Atto: Frank Kovacik Mee, & Registered Agent's Signature: s own Registered Agent. You must designate an individuation.)
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Naples, FL 34110 ARTICLE III - Regist The Limited Liability (unother business entity) The name and the Florid	Company cannot serve as it with an active Florida region da street address of the region CT Comporation System 1200 South Pine Island	Atto: Frank Kovacik ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individuation.) istered agent are: Name

Having been named as registered agent und 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

Chapper 605, F.S.

Registered Agent's Signature (REQUIRED)

Kristin Bolden Assistant Secretary (CONTINUED)

Page 1 of 2

SECRETARY OF STATE

Noble

2395936553

p.1

Use attachment if necessary) 2. V: Effective date. If other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 (fling.) (In accordance with section 605.0203 (1) (b), Planta Stanues, 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 hird degree felony as provided for in \$8.17.155, (5.5.) Lawrance E. Noble, Trustee Under Declaration of Trust Dated Insurary 5, 2003, as the same may be amended and supplemented from time to time, or his successors in trust Typed or printed name of signoo	Title: "AMBR" = Authorized M "MOR" = Manager	-
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Page 2 of 2

TILED 15 JAN -9 AM 8: 17 SECRETARY OF STATE