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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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May 12, 2015

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

VIA FEDERAL EXPRESS

RE: Articles of Organization

Madam:

Enclosed please find the Articles of Organization for filing for the following corporation

Papa Delta Aviation, LLC

I have enclosed a check in the amount of \$160.00 payable to the Department of State to cover filing fees, certificate of status and certified copy and a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Jennifer Mirgle
Paralegal to Robert Kit Korey

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAPA DELTA 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:

ROBERT KIT KOREY

Name of Person

LAW OFFICES OF KOREY, SWEET, McKINNON & SIMPSON

Firm/Company

595 W. GRANADA BLVD. SUITE A

Address

ORMOND BEACH FL 32174-5181

City/State and Zip Code

Kit@KoreyLawPA.com

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

For further information concerning this matter, please call:

Robert Kit Korey 386 677-3431 x. 221
Name of Person at () Area Code 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 Address

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

15 MAY 13 AM 7:54
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAPA DELTA AVIATION, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

911 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

Mailing Address:

911 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ROBERT KIT KOREY

Name

595 W. GRANADA BLVD., SUITE A

Florida street address (P.O. Box **NOT** acceptable)

<u>ORMOND BEACH</u>	<u>FL</u>	<u>32174</u>
City	State	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's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SLADE, LAWRENCE

911 JOHN ANDERSON DRIVE

ORMOND BEACH, FL 32176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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.)

ROBERT KIT KOREY

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)

\$ 5.00 Certificate of Status (Optional)

15 MAY 13 AM 7:54
DEPT. OF STATE
TALLAHASSEE, FLORIDA