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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JETCRAFT AEROSTRUCTURES HOLDINGS, L.L.C. Name of Limited Liability Company
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:
PETER B. TIERNAN, ESQ.
Name of Person
Firm/Company
6361 NW 16th Street
Address
Margate, FL 33063
City/State and Zip Code
tiernanmar@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PETER B. TIERNAN at (954) 471-5954
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & X \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA I	AMITED LIABILITY COMPANY
RTICLE I - Name:	dy.
e name of the Limited Liability Company is:	Fig. 8
JETCRAFT AEROSTRUCTURES HO	
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	CARLES CONTRACTOR OF THE CONTR
e mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
3150 Airmans Drive	3150 Airmans Drive
Fort Pierce, FL 34946-9131	Fort Pierce, FL 34946-9131
RTICLE III - Registered Agent, Registered Office, & Registe	red Agent's Signature:
he Limited Liability Company cannot serve as its own Registered	d Agent. You must designate an individual or
other business entity with an active Florida registration.)	
e name and the Florida street address of the registered agent are:	
to the first and the first the shoot address of the registered agent we	•
LAWRENCE P.	CALABRESE
Name	

3150 Airmans Drive

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

Fort Pierce, FL 34946-9131

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)

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	LAWRENCE P. CALABRESE
MGR	3150 Airmans Drive
	Fort Pierce, FL 34946-9131
MGR	CARLOS BYRNE
	3150 Airmans Drive
	Fort Pierce, FL 34946-9131
Use attachment if necessary)	
•	e date of filing: (OPTIONAL)
EV: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	be specific and cannot be more than five business days prior to or 9
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)