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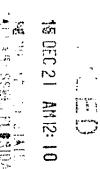
(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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JAN ~ 5 2018

S. GILBERT

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Parts4Stearmans and Restoration, LLC.
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Kenneth N. Rutten
	Name of Person
	Parts4Stearmans and Restoration, LLC.
	Firm/Company
	14108 Red Hawk Road
	Address
	Tallahassee, FL 32312
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
F 64	·
For Turtner	information concerning this matter, please call:
	Kenneth N. Rutten 850 668-4182
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee, Certificate of Status & 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 LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	ty Company is:			
T	_			15 DEC 21 AM 12: 10
Parts4Stearmans and				AM 12: 10
(Must end	with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	MESSE FLERION
ARTICLE II - Address:				A CORP MAIN
The mailing address and street a	ddress of the principal o	office of the Limited	Liability Company is:	THE TELEPHONE
<i>y</i>	-ar-se of the principal o	, inter of all Emilion	Diabinty Company is.	
<u>Principa</u>	al Office Address:		Mailing Add	iress:
Louis D. Rutten		Kenr	neth N. Rutten	
1836 Concord Bainbi	ridge Road		8 Red Hawk Road	
Havana, FL 32333		Talla	hassee, FL 32312	
	Louis D. Rutten	Name		
	1836 Concord Bainb			
	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)	
	Havana	FL	32333	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the approvisions of all statutes re	ointment as registere elating to the proper	ed agent and agree to act and complete performan	t in this capacity. I nce of my duties, and I

(CONTINUED)

Page 1 of 2

Citle: AMBR" = Authorized Memb	Name and Address:
MGR" = Manager AMBR	Kenneth N. Rutten
AWIDK	14108 Red Hawk Road
	Tallahassee, FL 32312
AMBR	Louis D. Rutten
	1836 Concord Bainbridge Road
	Havana, FL 32333
V: Effective date, if other that tive date is listed, the date is	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
ctive date is listed, the date n filing.)	oes not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other that the date is listed, the date in filling.) the date inserted in this block the date on the December 2 of the date of the dat	oes not meet the applicable statutory filing requirements, this date will not partment of State's records.
CV: Effective date, if other the ctive date is listed, the date in filling.) the date inserted in this block tent's effective date on the Dec. CVI: Other provisions, if any. REQUIRED SIGNATURE:	to specific and cannot be more than five business days prior to or 90 to so not meet the applicable statutory filing requirements, this date will not partment of State's records.
V: Effective date, if other the ctive date is listed, the date in filling.) he date inserted in this block ent's effective date on the Dec. VI: Other provisions, if any.	to specific and cannot be more than five business days prior to or 90 to so not meet the applicable statutory filing requirements, this date will not partment of State's records.
V: Effective date, if other that tive date is listed, the date in filing.) the date inserted in this block ent's effective date on the Devisions, if any. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This document I am aware that	to specific and cannot be more than five business days prior to or 90 to so not meet the applicable statutory filing requirements, this date will not partment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State
V: Effective date, if other that tive date is listed, the date in filing.) ne date inserted in this block ent's effective date on the De VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This document I am aware that	to specific and cannot be more than five business days prior to or 90 to so not meet the applicable statutory filing requirements, this date will not partment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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Page 2 of 2