# L1600092949

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

Office Use Only



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MIM

### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Fowler Air LLC
3020	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Joe Fowler
	Name of Person
	Fowler Air LLC
	Firm/Company
	634 S Lake Pleasant Rd
	Address
	Aopka, FL 32703
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Joe Fowler 407 230-6560 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ \ \ \ \text{(additional copy is enclosed)} \ \ \ \ \ \text{(additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

## **Mailing Address**

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

# Street Address

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fowler Air LLC			
(Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
634 S Lake Pleasant	Rd,	634 :	S Lake Pleasant Rd,
Apopka, FL 32703		Apo	pka, FL 32703
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registratio	Registered Agent. \ n.)	You must designate an individual or
another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. Y	You must designate an individual or
another business entity with an	y cannot serve as its own active Florida registratio address of the registered Joe Fowler	Registered Agent. Yn.) agent are: Name	You must designate an individual or
another business entity with an	y cannot serve as its own active Florida registratio address of the registered	Registered Agent. Yn.) agent are: Name	You must designate an individual or
another business entity with an	y cannot serve as its own active Florida registratio address of the registered Joe Fowler  634 S Lake Pleasant	Registered Agent. Yn.) agent are: Name	You must designate an individual or
another business entity with an The name and the Florida street	y cannot serve as its own active Florida registratio address of the registered Joe Fowler  634 S Lake Pleasant Florida street address Apopka  City	Registered Agent. Yn.) agent are:  Name  Rd, 6 (P.O. Box NOT ac	You must designate an individual or

(CONTINUED)
Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	In a Facular
AMBR	Joe Fowler
	634 S Lake Pleasant Rd
	Apopka, FL 32703
	·
•	
EV: Effective date, if other than the date of ctive date is listed, the date must be specified.	of filing: May 15, 2016 (OPTIONAL) cific and cannot be more than five business days prior to or 9
ective date is listed, the date must be spec of filing.)	cific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will n
EV: Effective date, if other than the date of ective date is listed, the date must be spend filling.) the date inserted in this block does not menent's effective date on the Department of	cific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will n
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