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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AYERS PACE LLC  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:
De Reen L. AYERS Name of Person
AYERSPACE Firm/Company
Firm/Company
478 Birchington LANE
MEL BOURNO FL 32940  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Do Reen Ayers at 917 439 1615  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S160.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
AYERSPACE	۷، ۷، ۵،
(Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street addres	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MEL BOURNE GL 37 040	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
	SherBIN Associates LLC
HOTEL RICHARDS (P.O.)	Box NOT acceptable)
MECBOURNE City, State, an	FL 32940
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
<i>(</i> -	

(CONTINUED)

### Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag "MGRM" = Man		Name and Address:
MGR		DOREEN L. AYERS  478 BIRCHINGTON LANE MELBOURNEUFL 32940
MGRM	<del></del>	Stuart AYERS 65 TYSON PLACE BERGENFIELD, NJ 07621
MGRM		GIEN AYERS 25 FAIRFIELD AVE. W. CAIDWELL, NJ07006
(Use attachment	if necessary)	
CLE V: Effective of the control of t	date, if other than the cled, the date must be tee of filing.)	date of filing: (OPTIONAL specific and cannot be more than five business days
CLE V: Effective of	date, if other than the cled, the date must be tee of filing.)	date of filing: (OPTIONAL specific and cannot be more than five business days
CLE V: Effective of the control of t	date, if other than the cled, the date must be ate of filing.)  GNATURE:	specific and cannot be more than five business days
CLE V: Effective of the control of t	date, if other than the coded, the date must be stee of filing.)  GNATURE:  Signature of a member (In accordance with sect of this document constitutat the facts stated here	or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periury

of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)