

L160000179930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

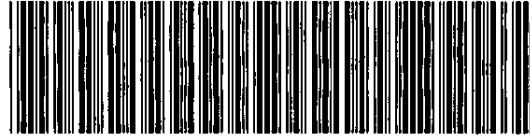
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-59491

Office Use Only



800289171468

08/19/16--01022--009 **130.00

FILED
2016 SEP 22 PM 4:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING

SEP 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2016

J.O. HOPKINS & ASSOCIATES, P.A.
1515 NORTH FEDERAL HIGHWAY
SUITE 107
BOCA RATON, FL 33432

SUBJECT: MC AVIATION GROUP, LLC.
Ref. Number: W16000059491

We have received your document for MC AVIATION GROUP, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 416A00018279

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MC AVIATION GROUP, 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:

CAROL CHRISTOS
Name of Person

J. D. HOPKINS & ASSOCIATES, P.A.
Firm/Company

1515 N. FEDERAL Hwy., SUITE 107
Address

BOCA RATON, FL 33432
City/State and Zip Code

johopkinslaw@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL CHRISTOS at (561) 392-7000
Name of Person Area Code Daytime Telephone Number

~~Enclosed is a check for the following amount:~~ SENT

- ☐ \$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)

SEE LETTER
DTA. 8/26/16

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

2016 SEP 22 PM 4:29

MC AVIATION GROUP, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1331 S. FEDERAL HWY., #504

SAME

BOYNTON BEACH, FL 33435

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:

JOHN D. HOPKINS, Esq.

Name

1515 N. FEDERAL HWY., #107

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

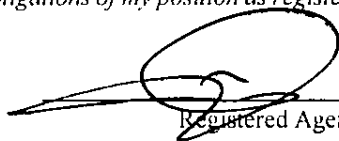
BOCA RATON, FL 33432

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

FILED

2016 SEP 22 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICHAEL COE - AMBR

1331 S. FEDERAL Hwy.
SUITE 504
BOYNTON BEACH, FL 33435

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Michael D. Hopkins, Esq.

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)