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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Norm D. Fugate**

Board Certified Attorney

• Real Estate Law

• City, County and Local Government Law

**Woodroe Blake Fugate**

Associate Attorney

**Norm D. Fugate, P.A.**

**A Law Firm**

**DATE: January 27, 2017**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ward Aviation Investment, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Woodroe Blake Fugate

NORM D FUGATE PA

Post Office Box 98

WILLISTON, FL 32696

E-mail address (to be used for future annual report notification): [blake@normdfugatepa.com](mailto:blake@normdfugatepa.com)

For further information concerning this matter, please call:

Woodroe Blake Fugate at (352) 528-0019

Enclosed is a check for the following amount: \$130.00 Filing Fee, Registered Agent Fee and Certificate of Status

**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  
OF  
WARD AVIATION INVESTMENT, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is Ward Aviation Investment, LLC,  
("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
1990 Sw 19th Avenue  
Williston, Florida 32696

Mailing Address:  
1990 Sw 19th Avenue  
Williston, Florida 32696

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Woodroe Blake Fugate  
248 NW Main Street  
Williston, Florida 32696

*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.*

  
\_\_\_\_\_  
Woodroe Blake Fugate

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Christopher Barry Ward  
1990 SW 19th Avenue  
Williston, Florida 32696

**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.

Christopher Barry Ward

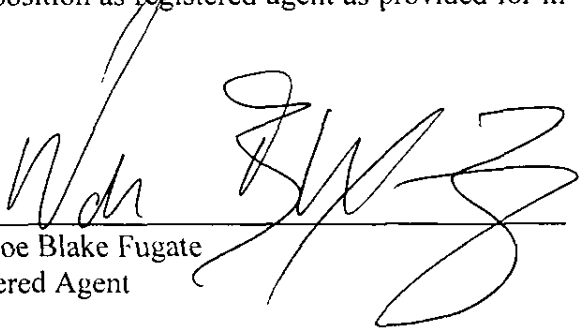
\_\_\_\_\_  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY Ward Aviation Investment, LLC,  
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE  
AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Ward Aviation Investment, LLC.
2. The name and the Florida street address of the registered agent and office are:  
Woodroe Blake Fugate  
248 NW Main Street,  
Williston, Florida 32696

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, Florida Statutes.

  
\_\_\_\_\_  
Woodroe Blake Fugate  
Registered Agent