

U7000069642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

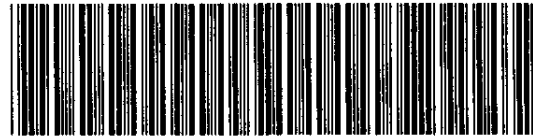
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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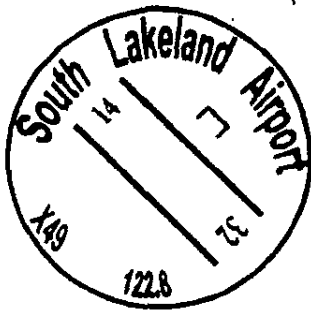


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FILED
17 MAR 24 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOUTH LAKELAND AIRPORT, INC.



7500 Coronet Road, Mulberry, Florida 33860-8307
Mailing Address: P.O. Box 1409, Mulberry, Florida 33860-1409
Phone: 863-701-0000 • Fax: 863-425-4923
e-mail: southlakelandairport@southlakelandairportinc.com

March 14, 2017

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via Federal Express

Re: South Lakeland Airport, Inc.
f/k/a South Lakeland Sport Aviation, Inc.
Document No. P97000044921

Gentlemen:

Due to our sale of South Lakeland Airport (located in Polk County, Florida), South Lakeland Airport, Inc., is changing its name to "Mast Abeam, Inc." and wants to release the corporation's current name to the new operators of the airport: "South Lakeland Airport, LLC."

Please accept this letter as our authorization to release our former name, "South Lakeland Airport, Inc.," immediately after completion of the filing of our Articles of Amendment, changing our name to "Mast Abeam, Inc."

We have attempted to coordinate the filing of our Articles of Amendment and South Lakeland Airport, LLC's Articles of Organization in succession (all of which are enclosed), to avoid any possibility of the name being utilized anywhere other than the airport operation.

We would greatly appreciate it if you could please contact me, if there are any problems with the document filings, prior to returning them. My cellphone number is 863-602-1032. If I can forward any necessary corrective documentation, that would be far preferable to the mail delays between Washington and Florida.

Thank you for your consideration and assistance.

Sincerely,

Theresalynne Kurtz
Vice President & Secretary

Enclosures

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: South Lakeland Airport, 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:

Craig E. Cammock, WSBA #24185

Name of Person

Skagit Law Group, PLLC

Firm/Company

P. O. Box 336 / 227 Freeway Drive, Suite B

Address

Mount Vernon, WA 98273

City/State and Zip Code

tedg@bayviewcomposites.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig E. Cammock, Atty at Law 360 336-1000
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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)

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:

South Lakeland Airport, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

813 South 2nd Street

LaConner, WA 98257

Mailing Address:

P. O. Box 641

LaConner, WA 98257

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:

Theresalynne Kurtz

Name

7500 Coronet Road

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

Mulberry

Florida

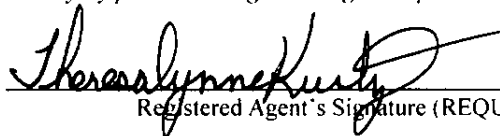
33860-8307

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)

FILED
17 MAR 24 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Thomas Hsueh

813 South 2nd Street

P. O. Box 641

LaConner, WA 98257

(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.

Thomas Hsueh

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)