# L2000025758a

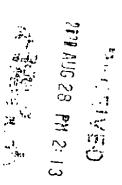
(Requestor's Name)
(Address)
(Address)
<b>(</b> 11 22 <b>)</b>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



400351179654

2020 AUG 28 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE, FL



### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/28/20

NAME:

SWEET DREAMS AVIATION, LLC

TYPE OF FILING: ARTICLES

COST: 155.00

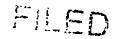
RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations					
eud ii	SWEET DREAMS	AVIATION, LLC				
SUBJE	Name of Limited	Liability Company				
The en	closed Articles of Organization and fee(s) are sub-	nitted for filing.				
Please	return all correspondence concerning this matter to	the following:				
	YOLAN	NDA ROBINSON				
	Na	me of Person				
		ATC				
	Fir	m/Company				
	4020 W. GOE	LLER BLVD, SUITE B				
		Address				
	COLU	COLUMBUS, IN 47201				
	•	ate and Zip Code E@HOTMAIL.COM				
	E-mail address: (to be used for fu					
For furth	ner information concerning this matter, please call:					
	YOLANDA ROBINSON 812	342-9589				
	Name of Person Area Co	ode Daytime Telephone Number				
Enclose	ed is a check for the following amount:					
	5.00 Filing Fee S130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section	Street Address New Filing Section Division				
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03

				COSO MOR 58	AM 10: 02
ARTICLE I - Name: The name of the Limited Liabi	lity Company is:		;	SECRETARY TALLAHAS	CC 07
		MS AVIATION, LLC			_
(Must co	ntain the words "Limited L	iability Company, "L.I	L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal of	fice of the Limited Lia	bility Company is:	;	
<u>Princi</u>	pal Office Address:		Mailing A	ddress:	
		814 WV	NDEMERE WAY	(	
814 WYNDEMER	E WAY	017 77 1			
814 WYNDEMER NAPLES, FL 3410			S, FL 34105		_ _
NAPLES, FL 3410	05	NAPLES	S, FL 34105		<del>-</del> -
NAPLES, FL 3410  ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own l n active Florida registration et address of the registered	NAPLES  & Registered Agent's Registered Agent. You  1.)  agent are:	S, FL 34105 Signature:	i individual or	_ _ _
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own l n active Florida registration et address of the registered	NAPLES  Registered Agent's Registered Agent. You  1.)  agent are:  E BUSALACCHI	S, FL 34105 Signature:	individual or	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own l n active Florida registration et address of the registered	NAPLES  & Registered Agent's Registered Agent. You  1.)  agent are:	S, FL 34105 Signature:	i individual or	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & any cannot serve as its own land active Florida registration address of the registered  MIKE	NAPLES  Registered Agent's Registered Agent. You  1.)  agent are:  E BUSALACCHI	S, FL 34105 Signature:	individual or	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & say cannot serve as its own land active Florida registration at address of the registered  MIKI	NAPLES Registered Agent's Registered Agent. You 1.) agent are: E BUSALACCHI Name	S, FL 34105  Signature: must designate an	i individual or	
	gent, Registered Office, & say cannot serve as its own land active Florida registration at address of the registered  MIKI	NAPLES  Registered Agent's Registered Agent. You  1.)  agent are:  BUSALACCHI  Name  (NDEMERE WAY	S, FL 34105  Signature: must designate an	individual or	_

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)

A	D	TI	C	1	F	13	/_

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	MIKE BUSALACCHI 814 WYNDEMERE WAY NAPLES, FL 34105		
	SECRETARY OF ALLAHASS.		
	AM IO: 03		
(Use attachment if necessary)			
(If an effective date is listed, the date must be the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.		
ARTICLE VI: Other provisions, if any.			
Signature of F	Busalactic  The Motor of a member.		
I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  also information submitted in a document to the Department of State  tree felony as provided for in s.817.155, F.S.		
	MIKE BUSALACCHI 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)