

12/16/2020

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Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GASDICK, STANTON, EARLY, P.A.
Account Number : 075350000152
Phone : (407)423-5203
Fax Number : (407)425-4105

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rickyiolette@aal.com

FLORIDA LIMITED LIABILITY CO.
Orlando Heli-Tours LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 DEC 16 PM 4:51

2020 DEC 16 PM 2:30

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Orlando Heli-Tours 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:

RICHARD T. VIOLETTE JR.
Name of Person

ORLANDO HELI-TOURS, LLC
Firm/Company

10787 ROYAL CYPRESS WAY
Address

ORLANDO, FL 32836
City/State and Zip Code

RICK.VIOLETTE@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK VIOLETTE at (407) 310-4363
Name of Person Area Code 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Orlando Heli-Tours LLC

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

ARTICLE II - Address

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

Principal Office Address

8990 International Drive

Orlando, FL 32819

Mailing Address

10787 Royal Cypress Way

Orlando, FL 32836

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:

Sherril A. Violette

Name

10787 Royal Cypress Way

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

Orlando

FL

32836

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.

Sherril A. Violette

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV

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

Title

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address

Violette Family Holdings, LLC

10787 Royal Cypress Way

Orlando, FL 32836

Richard T. Violette, Jr.

10787 Royal Cypress Way

Orlando, FL 32836

(Use attachment if necessary)

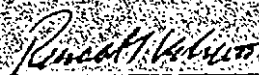
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Richard T. Violette, Jr.

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)