

L21000113174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

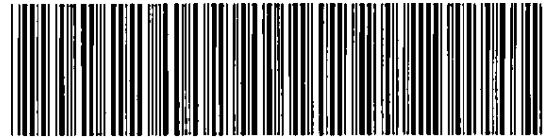
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800362197418

03/19/21--01002--005 **155.00



MAR 18 PM 3:50
113A

2021 MAR 18 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

155

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/18 Glinda

xx **CERTIFIED COPY** _____
☐ **PHOTOCOPY** _____
☐ **CUS** _____
xx **FILING** LLC _____

1. **C-Level Aviation LLC**
 (CORPORATE NAME AND DOCUMENT #)
2. _____
 (CORPORATE NAME AND DOCUMENT #)
3. _____
 (CORPORATE NAME AND DOCUMENT #)
4. _____
 (CORPORATE NAME AND DOCUMENT #)
5. _____
 (CORPORATE NAME AND DOCUMENT #)
6. _____
 (CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C-Level Aviation 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:

Charlene Meeks

Name of Person

Business Aviation Law Group PLLC

Firm/Company

601 Heritage Drive, Ste 409

Address

Jupiter, FL 33458

City/State and Zip Code

ajlongmaid@icloud.com

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

For further information concerning this matter, please call:

Charlene Meeks 888 661-3223
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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

FILED

2021 MAR 18 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C-Level Aviation 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:

Mailing Address:

66 S. Sewalls Point Rd., Stuart FL 34996

66 S. Sewalls Point Rd., Stuart FL 34996

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:

Ashley J. Longmaid

Name

66 S. Sewalls Point Rd.

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

Stuart

FL

34996

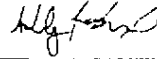
City

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.,

DocuSigned by:



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

MGR

Name and Address:

Ashley J. Longmaid
66 S. Sewalls Point Rd., Stuart FL 34996

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 18 PM 12:28

FILED

(Use attachment if necessary)

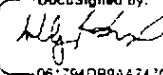
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

DocuSigned by:

0617640B9AA747C

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.

Ashley J. Longmaid

Typed or printed name of signer

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)