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#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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# CHETARY OF STETE

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### FLORIDA LIMITED LIABILITY CO. MITCHELL AIRPORT OPERATIONS LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### MITCHELL AIRPORT OPERATIONS 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:

<u>Princi</u>	ipal Office Address:		Mailing Address:	
14243 59TH CIRC BRADENTON, FL	<del></del>		SAME	<del></del>
		<del></del>		<del></del>
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida street	ny cannot serve as its own active Florida registration	Registered Agon.)	ent. You must designate an individual or	ECRETALL/
	LAUREN MITCHE	LI	:	HAS
		Name	{	Y OF
	14243 59TH CIRCL	EE	<u></u>	."Irn
	Florida street addres	s (P.O. Box N	OT acceptable)	FAT STATE
	BRADENTON	FL	34211	<b>7 8</b>
	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.,

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	LAUREN MITCHELL 14243 59TH CIRCLE E BRADENTON, FL 34211
	DIGNOCH TOTAL DISPLAY
	<u>&gt;c</u>
<u> </u>	P.T.
<del> </del>	EE, -
	[7]
(Use attachment if necessary)	inter of filings
CLE V: Effective date, if other than the defective date is listed, the date must be see of filing.)	iate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will no out of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be see of filing.)  If the date inserted in this block does not current's effective date on the Department of the Uther provisions, if any.  REQUIRED SIGNATURE:	especific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will no out of State's records.
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