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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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FLORIDA LIMITED LIABILITY CO. SUNSHINE AVIATRIX, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

SUNSHINE AVIATRIX, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

13075 OSPREY AVENUE WEEKI WACHEE, FLORIDA 34614

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

CAROLINE A. VORE 13075 OSPREY AVENUE WEEKI WACHEE, FLORIDA 34614

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, FLORIDA STATUTES.

DATED: 03/15/2044

CAROLINE A. VORE

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To: 15506176381 From: 14693173436 Date: 03/18/24 Time: 4:13 PM Page: 03/03

(((H240001028123)))

ARTICLE IV - MANAGEMENT AND MEMBERS

THE NAME AND ADDRESS OF EACH MANAGER, MANAGING MEMBER, OR MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS:

CAROLINE A. VORE 13075 OSPREY AVENUE

WEEKI WACHEE, FLORIDA 34614

DATED: <u>03/15/2004</u>

CAROLINE A. VORE

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

(((H240001028123)))