394 5180 02/13/2013

Receipt Number: 94646

File Number DL031182

DL031182

ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

DAKOTA PLANES AVIATION, LLC

Filed at the request of:

EMILY J SOVELL
PO BOX 505
ONIDA SD 57564

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Friday, February 01, 2013**

Jason Gant
Secretary of State

Fee Received: $150.00

394 5181 02/13/2013

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL031182

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **DAKOTA PLANES AVIATION, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this February 1, 2013.

Jason M. Gant
Secretary of State

Cert of Organization LLC Merge

Litho in U.S.A.

394 5182 02/13/2013

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ARTICLES OF ORGANIZATION
DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: $150 payable to SECRETARY OF STATE

RECEIVED
FEB 0 1 2013
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

Filed this 1st day of Feb, 2013
Jason Gant
SECRETARY OF STATE

Article I

The name of the company is Dakota Planes Aviation, LLC

The name must contain limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

Article II

The duration of the company if other than perpetual is perpetual

Article III

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business.

18453 305th Ave.	Onida	SD	57564
Street Address	City	State	ZIP+4
PO Box 173	Onida	SD	57564
Mailing Address (Optional)	City	State	ZIP+4

Article IV

The South Dakota Registered Agent name Emily J. 'Sovell

110 S. Main St.	Onida	SD	57564
Street Address or Rural Route Number in This State and	City	State	ZIP+4
PO Box 505	Onida	SD	57564
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent. _____

394 5183 02/13/2013

Article V

The name and address of each organizer

Terry Barber	18453 305th Ave.	Onida	SD	57564
Name	Street Address	City	State	ZIP+4
Peggy Barber	18453 305th Ave.	Onida	SD	57564
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4

Article VI

Check one:

- [x] The company will be member managed.
- [ ] The company will be manager managed.

If this company is to be manager managed, please state the name and address of each initial manager.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Article VII

Whether one or more of the members of the company are to be liable for its debts and obligations as set forth under SDCL 47-34A-303 (c).

N/A

394 5184 02/13/2013

Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.

N/A

The Articles of Organization must be executed by the organizers.

Dated 1-30-13

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.

(Signature of an organizer)

Terry Barber
(Printed Name)

Member
(Title)

Dated 1-30-13

(Signature of an organizer)

Peggy Barber
(Printed Name)

Member
(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

2014 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 2/14/2014
RECEIPT NO 177199

1. L.L.C. ID and Name:
DL031182
DAKOTA PLANES AVIATION, LLC
18453 305TH AVE
ONIDA, SD 57564

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

18453 305TH AVE	ONIDA	SD	57564
Street Address	City	State	ZIP+4
PO BOX 173	ONIDA	SD	57564
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: EMILY J. SOVELL

110 S MAIN AVE	ONIDA	SD	57564
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 505	ONIDA	SD	57564-0505
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 02/14/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

PEGGY A BARBER
(Printed Name)

2/14/2014 10:58:18 AM

2015 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE DATE 2/18/2015

RECEIPT NO 274052

1. L.L.C. ID and Name:
DL031182
DAKOTA PLANES AVIATION, LLC
18453 305TH AVE
ONIDA, SD 57564

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the agent currently on file for this entity.

Agent Name: EMILY J. SOVELL

110 S MAIN AVE	ONIDA	SD	57564
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 505	ONIDA	SD	57564-0505
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

4. If the address has changed, its new address.

New Agent Name: PEGGY A BARBER

18453 305TH AVE	ONIDA	SD	57564
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 173	ONIDA	SD	57564
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 02/18/2015

Signature Accepted Electronically
(Signature of an Authorized Person)

PEGGY A BARBER
(Printed Name)

2/18/2015 1:07:23 PM

2015 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 2/18/2015

RECEIPT NO 274052

1. L.L.C. ID and Name:
DL031182
DAKOTA PLANES AVIATION, LLC
18453 305TH AVE
ONIDA, SD 57564

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

18453 305TH AVE	ONIDA	SD	57564
Street Address	City	State	ZIP+4
PO BOX 173	ONIDA	SD	57564
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: PEGGY A BARBER

18453 305TH AVE	ONIDA	SD	57564
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 173	ONIDA	SD	57564
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 02/18/2015

Signature Accepted Electronically
(Signature of an Authorized Person)

PEGGY A BARBER
(Printed Name)

2/18/2015 1:07:23 PM

2016

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 1/12/2016

RECEIPT NO 369047

1. LLC ID and Name:

DL031182
Enter LLC ID

DAKOTA PLANES AVIATION, LLC
Enter LLC Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

18453 305TH AVE	ONIDA	SD	57564
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 173	ONIDA	SD	57564
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: PEGGY A BARBER

18453 305TH AVE	ONIDA	SD	57564
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 173	ONIDA	SD	57564
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 01/12/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

PEGGY A BARBER

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.

1/12/2016 11:08:48 AM