

L/03/2013/WED 12:00 PM

FAX No.

P. 001/005

7/3/13

**L13000095805**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
UNIVERSAL AVIATION PARTS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2013 JUL -3 AM 8:40  
FILED  
J. SAULSBERRY  
EXAMINER  
JUL -5 2013

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

**ARTICLE I**

*The name of the Limited Liability Company is:*

**UNIVERSAL AVIATION PARTS, LLC**

*(Must end with the words "Limited Liability Company, "Limited Company" or their  
abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address:**

**6223 WEST 24TH AVE  
HIALEAH, FL 33016**

**Mailing Address:**

**6223 WEST 24TH AVE  
HIALEAH, FL 33016**

2013 JUL 3 AM 8:40  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**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:*

**R&P ACCOUNTING & TAXES INC**

*Name*

**150 S.E 2<sup>ND</sup> AVE SUITE 1110**

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

**MIAMI, FL. 33131**

*FL City, State, and Zip*

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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*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 608, F.S*

X \_\_\_\_\_

**Registered Agent's Signature (REQUIRED)**  
**ARTICLE IV**

*Manager(s) or Managing Member(s): The name and address of each  
Manager or Managing Member is as follows:*

**Title:**

**UNIVERSAL AVIATION PARTS, LLC**

**BILLY FUENTES**  
**6223 WEST 24<sup>TH</sup> AVE**  
**HIALEAH, FL. 33016**  
**MANAGER MEMBER**

STATE OF FLORIDA  
TALLAHASSEE

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**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.)*

**REQUIRED: SIGNATURE**

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HON. CLERK OF SUPREME COURT  
TALLAHASSEE, FLORIDA

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x  7/2/2013  
Signature of a member or an authorized representative of a member.

x  7/02/2013  
Signature of a member or an authorized representative of a member.

*(In accordance with section 608.408(3), Florida Statutes, the execution of this  
document constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)*

**BILLY FUENTES**

Typed or printed name of signee

**HERNANDO ENRIQUE**

**URREA SARMIENTO**

Typed or printed name of signee