

H1500062151

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000086610 3)))



H150000866103ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
APR 8 12:35 PM '15
FLORIDA DEPARTMENT OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
AIR COMMANDER INTERNATIONAL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

15 APR -8 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF COMMERCIAL
INFORMATION SERVICES

APR 09 2015

S. YOUNG

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

ARTICLE I

The name of the Limited Liability Company and Effective day is:

AIR COMMANDER INTERNATIONAL, LLC

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

15 APR - 8 PM 12:35
FILED
SECRETARY OF STATE
FLORIDA

ARTICLE II

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

Principal Office Address
1440 LEE WAGENER BLVD STE 200
FT. LAUDERDALE, FL 33315

Mailing Address
1440 LEE WAGENER BLVD STE 200
FT. LAUDERDALE, FL 33315

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

200 SE 1ST STREET, SUITE #604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131

FL City, State, and Zip

FILED
5 APR -8 PM 12:35
TALLAHASSEE STATE
SECRETARY OF STATE

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

X-----

Registered Agent's Signature (REQUIRED)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

CLAUDIA ZAPATA
2020 N BAYSHORE DRIVE APT # 901
MIAMI, FL 33137

MANAGER

15 APR -8 PM 12:31
SECRETARY OF STATE
FILED

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

X 04-06-15 Claudia Zapata
Signature of a member or an authorized representative of a member.

FILED
15 APR -8 PM 12:37
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

*(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

CLAUDIA ZAPATA

Typed or printed name of signer