

L15000085473

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.

(((H15000117683 3)))



H150001176833ABC%

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 14 AM 8:15

FILED

****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.
G.E.V. AIR, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

RECEIVED

15 MAY 14 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000117683

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

G.E.V. AIR, LLC

(Must end with 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>Principal Office Address:</u> | <u>Mailing Address:</u> |
| 14299 SW 127 ST #101 | 14299 SW 127 ST #101 |
| MIAMI, FL 33186 | MIAMI, FL 33186 |

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.)

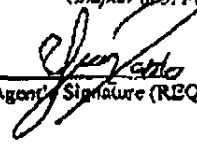
The name and the Florida street address of the registered agent are:

JUAN PABLO VILLACIS
Name

14299 SW 127 ST #101
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33186
City 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.


Registered Agent Signature (REQUIRED)

(CONTINUED)

FILED
2015 MAY 14 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000117683

H15000117683

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JUAN PABLO VILLACIS

14299 SW 127 ST #101

MIAMI, FL 33186

MGR

JAIME MONCAYO

14299 SW 127 ST #101

MIAMI, FL 33186

(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Juan Pablo Villacis

Signature of a member or an authorized representative of a member.
(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

Juan Pablo Villacis

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 14 AM 8:15

FILED

H15000117683