L21000420639

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2021 SEP 24 AH 10: 12 SECTE JARY OF STATE SECTE JARY OF STATE

RECEIVED

Incorporating Services, Ltd.

incserva 1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

ORDER FORM

TO Florida Department of State

FROM J Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST_DATE 9/24/2021	PRIORITY Regular Approval	OUR REF_#_(Order_ID#)] 953280
ORDER ENTITY		

PLEASE PERFORM THE FOLLOWING SERVICES: RICOTTA AVIATION, LLC (FL)			
Please file the attached articles and provide a certified copy.			
NOTES: \$35,00 Authorized			

155.00 \$ 155.00 · per Milisse RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, September 24, 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HED

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The name of the Limited Liability Company is:

2021 SEP 24 AH 10: 12

SECRETAR: OF STATE TALLAHUSSEE, FL

Ricotta Aviation, LLC

(Must contain 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:

City

Principal Office Address:			Mailing Address:
8041 Via Vecchia Naples, FL 34108			8041 Via Vecchia Naples, FL 34108
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its o tive Florida registr	own Registered Aga ation.)	Agent's Signature: ent. You must designate an individual or
	Ronald S. Ricc	otta	
		Name	
	8041 Via Vecc Florida street add	chia Iress (P.O. Box <u>NC</u>	OT acceptable)
	Naples	FL	34108

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..

State

/s/ Ronald S. Ricotta

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Ronald S. Ricotta 8041 Via Vecchia Naples, FL 34108
	SECH ZEON
	EF 24
	PRECISCIÓN ASSIE, EL SATEMAN DE 12
	ATE
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as tment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ Carla J. Pen	azek
This document is I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
<u>C</u> arla J. Pe	Typed or printed name of signee
	Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)