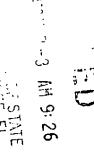
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(F	Requestor's Name)	
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PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
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Certified Copies	Certificates of S	status
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Special Instructions to F	Filing Officer:	

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

(630) 324-0243	
PLEASE USE FUNDS FROM ACCT: AUTHORIZATION SIGNATURE:	120210000160 AMOUNT: \$125.00
A340 Aviation, LLC	
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each	page) Articles of Organization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X_Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ( )	Other

## COVER LETTER

ew Filing Sect ivision of Corp				
•				
		f Limited Liab	ility Company	
ed Articles of C	Organization and fee(	s) are submitte	d for tiling	
rn all correspoi	ndence concerning th	is matter to the	following:	
Sandra Z. Gre	en, Esq.			
		Name (	if Person	
JONATHAN	H. GREEN & ASSO	CIATES, P.A		
		Firm/C	ompany	
901 Ponce de	Leon Boulevard, Sui	te 601		
		Ado	Iress	
Coral Gables,	Florida 33134			
szg@jhglaw.co	m	City/State a	nd Zip Code	
		used for future	annual report notificat	ion)
iformation con-	cerning this matter, p	lease call:		
	en at	305	372-5100	
		Area Code	Daytime Telephon	
a check for the	: following amount:			
Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certi	fied Copy	□\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Fili Division P.O. Bo	ing Section of Corporations x 6327		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et. Suite 810
i .	A340 AVIA  A340 AVIA  A340 AVIA  A340 AVIA  Color all corresport  Sandra Z. Gree  JONATHAN  901 Ponce de  Coral Gables,  Szg@jhglaw.co  E-  Aformation cone  Sandra Z. Gree  Name  a check for the  Filing Fee  Mailing  New Fility  Division  P.O. Bo:	A340 AVIATION, LLC  Name of Corporations  A340 AVIATION, LLC  Name of Corporations  Name of Person  Sadda Z. Green  Name of Person  a check for the following amount:  Filing Fee \$\instyle=\frac{1}{2}\$130.00 Filing Fe	A340 AVIATION, LLC:  Name of Limited Liab  red Articles of Organization and fee(s) are submitted and correspondence concerning this matter to the Sandra Z. Green, Esq.  Name of Limited Liab  Sandra Z. Green, Esq.  Name of Limited Liab  Name of Sandra Z. Green, Esq.  Name of Jonathan H. Green & Associates, P.A.  Firm/C  901 Ponce de Leon Boulevard, Suite 601  Add  Coral Gables, Florida 33134  City/State a szg@jhglaw.com  E-mail address: (to be used for future aformation concerning this matter, please call:  Sandra Z. Green 305  at (  Name of Person Area Code  a check for the following amount:  Filing Fee \$\Bar{1}\$130.00 Filing Fee & \$\Bar{1}\$1.  Certificate of Status Certificated addition of Corporations  P.O. Box 6327	A340 AVIATION. LLC    Name of Limited Liability Company

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					<b>=</b> D
The name of the Limited Liabilit	y Company is:		702	22 FAR -3	AM 9: 26
A340 AVIATION, L					_
(Must cont	ain the words "Limited I	_iability Company, "	L.L.C.," or "LLC.")		ÖF STATE SEE, FI
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited I	Liability Company is:	. ,	טבנ, זינ
Princip	al Office Address:		Mailing Add	ress:	
2810 North Ocean D	rive	2810	North Ocean Drive		_
Hollywood, Florida 3		Holly	wood, Florida 33019		_
The name and the Florida street	JONATHAN H. GRI  901 Ponce de Leon B  Florida street address	EN & ASSOCIATI Name oulevard, Suite 601			
	Coral Gables	Florida	33134		
	City	State	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the appears ions of all statutes re digarions of my position	nintment as registere elating to the proper	d agent and agree to act and complete performan s provided for in Chapte	in this capacit ce of my duties	$\gamma$ . $I$

(CONTINUED)

## ARTICLE IV-

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	
MGR	Cooper, Brian 2810 North Ocean Drive
	Hollywood, Florida 33019
	~3
	9.72
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	، د. هٔ حسان در
(Use attachment if necessary)	TE 26
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is exe I am aware that any fi	member or an authorized representative of a member, seuted in accordance with section 605,0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.
SANDRA Z. O	GREEN, ESO. 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)