

L22000089630

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP       WAIT       MAIL

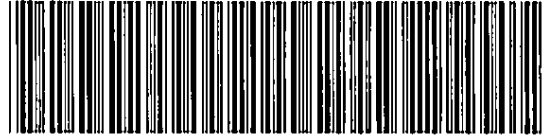
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only




000382795010

REC'D  
STATE  
TALLAHASSEE, FL  
2022 JAN -3 AM 9:26  
2022 JAN -3 PM 3:32

2/14/22

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

**PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$125.00**

AUTHORIZATION SIGNATURE: 

**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**

Profit  
 Not for Profit  
 **Limited Liability**  
 Domestication  
 Other  
 **CORP**

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
Dissolution/Withdrawal  
 Merger  
 **Conversion**

**OTHER FILINGS**

Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
 Limited Partnership  
 Reinstatement

APOSTIL ( ) \_\_\_\_\_

Country

Other

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: A340 AVIATION, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Sandra Z. Green, Esq.  
Name of Person  
JONATHAN H. GREEN & ASSOCIATES, P.A.  
Firm/Company  
901 Ponce de Leon Boulevard, Suite 601  
Address  
Coral Gables, Florida 33134  
City/State and Zip Code  
szg@jhgllaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green                      305                      372-5100  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A340 AVIATION, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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2022 MAR -3 AM 9:26

CLERK OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2810 North Ocean Drive  
Hollywood, Florida 33019

2810 North Ocean Drive  
Hollywood, Florida 33019

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:

JONATHAN H. GREEN & ASSOCIATES, P.A.

Name

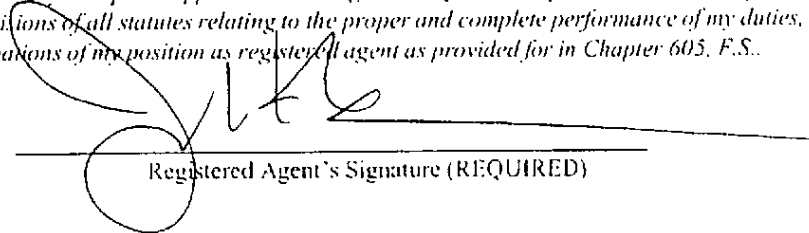
901 Ponce de Leon Boulevard, Suite 601

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

Coral Gables                      Florida                      33134

City                                      State                                      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's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR	Cooper, Brian
	2810 North Ocean Drive
	Hollywood, Florida 33019

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 DEPT. OF STATE  
 TALLAHASSEE, FL  
 FILED

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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, F.S.

SANDRA Z. 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)