

200000014412

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- AvESCAPE, LLC

2-

3-

4-

TO
TALLAHASSEE
SOFT COPY
OF FILING

00 NOV 21 PM 3:13

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000003473600--9
-11/22/00--01001--002
****160.00 ****160.00

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 21 AM 8:25

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION

OF

AvESCAPE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby, makes, acknowledges, and files the following Articles of Organization.

ARTICLE I--NAME

The name of the limited liability company shall be **AvEscape, LLC** ("Company").

ARTICLE II--ADDRESS

The mailing address and the street address of the principal office of the Company is: 607 Northlake Blvd., North Palm Beach, FL 33408.

ARTICLE III--REGISTERED AGENT

The name and street address of the registered agent of the Company for services of process in the state is: Emanuel G. Chiuchiolo, 607 Northlake Blvd., North Palm Beach, FL 33408.

ARTICLE IV--MANAGEMENT

The Company shall be managed by a manager in accordance with the operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the initial manager(s) are: Emanuel G. Chiuchiolo, 607 Northlake Blvd., North Palm Beach, FL 33408.

ARTICLE V--MEMBERSHIP RESTRICTIONS

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the Company.

A member's interest in the Company may not be sold or otherwise transferred except with unanimous written consent of all members.

Executed by the undersigned at Palm Beach Gardens, Florida on the 17 day of November, 2000.


EMANUEL G. CHIUCHIOLO

00 NOV 21 AM 8:15
SECRETARY OF STATE
TAMM HALL
TALLAHASSEE, FL 32399

APPROVE
AND
FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

**STATE OF FLORIDA
COUNTY OF PALM BEACH**


Pursuant to the provisions of Sections 608.415 and 608.407(1)(c) of the Florida Limited Liability Company Act, AvEscape, LLC. submits the following statement to designate its registered office and registered agent in the State of Florida:

1. The name of limited liability company is **AvEscape, LLC.**
2. The registered agent for **AvEscape, LLC** is Emanuel G. Chiuchiolo and the street address of the registered office where the agent is located is 607 Northlake Blvd., North Palm Beach, FL 33408.
2. This statement is to acknowledge that **AvEscape, LLC** has appointed me as its registered agent to accept service of process for the limited liability company at the place designated above in this certificate. I accept this 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.

FURTHER AFFLIANT SAYETH NAUGHT.


EMANUEL G. CHIUCHIOLO

Sworn to and subscribed before me this 14th day of November, 2000 by who EMANUEL G. CHIUCHIOLO
is personally known to me or produced _____ as identification
and did take an oath.



Notary Public
State of Florida at Large
My commission expires:

R:\Chiuchiolo\Articles of Organization.wpd



David E. Horvath
MY COMMISSION # CC812822 EXPIRES
April 23, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

APPRO
AND
FILED
00 NOV 21 AM 8:25
SECRETARY OF
STATE
TALLAHASSEE,
FLORIDA