

01000021887

1 From. This portion can be removed for Recipient's use only.

Date 12-13-01 FedEx Tracking Number 831167647371

Sender's Name Phone 954 747 9991

Company AEROTEAM

Address 10267 NW 46TH ST

City FORT LAUDERDALE State FL ZIP 33351

2- Your Internal Billing Reference

Office Use Only

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

1. CROWN ACQUISITIONS INTERNATIONAL 300004726883--1
(Corporation Name) (Document #)
LLC -12/14/01--01060--003
****125.00 ****125.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

ll 12/17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 14 PM 4:01

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crown Aquisitions International, L.L.C.

ARTICLE II - Address:

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

10269 NW 46 ST. Sunrise, FL 33351

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Smadar Mort

Name

3542 N. university Dr.

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

Coral Springs FL 33065

City, State, and 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 608, F.S.

Smadar Mort

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Smadar Mort

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Smadar Mort

Typed or printed name of signee

Filing Fees:

- ☐ \$100.00 Filing Fee for Articles of Organization
☐ \$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

160

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 PM 4:01