

L020000000288

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FILED  
02 JAN -3 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

TSALACH AIR, LLC

RECEIVED  
02 JAN -4 AM 7:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TSALACH AIR, LLC**

**ARTICLE II - Address:**

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

**1319 10th STREET NORTH - - -  
NAPLES, FLORIDA 34102**

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

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

**JENNIFER L. SCHECHTMAN, CPA**

**Name**

**9050 PINES BLVD, SUITE 205**

**Florida street address**

**PEMBROKE PINES, FLORIDA 33024**

**City, State and Zip**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 for my position as registered agent as provided for in Chapter 608, F.S.*

  
**Registered Agent's Signature**

**ARTICLE IV - Management (Check box if applicable.)**


☐ The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager - managed company. The name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**ARTICLE V - AFFIDAVIT OF MEMBERSHIP**

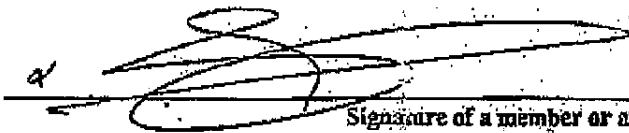
(In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



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

  
**Printed name**

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A handwritten signature in black ink, appearing to be 'Calixto Montenegro', written over a horizontal line.

Signature of a member or an authorized representative of a member

CALIXTO . MONTENEGRO .

Printed name

YJw/mr00/mrLLC

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