

L04000041330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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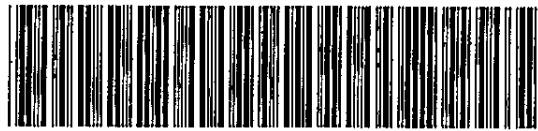
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERAVIA AERO LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MILOSAVLJEVIC KOSTA  
(Name of Person)

INTERAVIA AERO LLC  
(Firm/Company)

6458 PONDAPPLE ROAD  
(Address)

BOCA RATON FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

MILOSAVLJEVIC KOSTA at 561 241 3601  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTERAVIA AERO LLC

**ARTICLE II - Address:**

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

Principal Office Address:

1181 SOUTH ROGERS CIR #12  
BOCA RATON FL 33487  
USA

Mailing Address:

1181 SOUTH ROGERS CIR #12  
BOCA RATON FL 33487  
USA

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

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

MILOSAVLJEVIC KOSTA

Name

6458 PONDAPPLE RD

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

BOCA RATON FLORIDA 33433

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, Florida Statutes..

Milosavljevic Kosta

Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

PRESIDENT

MILOSAVLJEVIC KOSTA  
6458 PONDAPPLE RD  
BOCA RATON FL 33433

VICE PRESIDENT

MILOSAVLJEVIC ELZBIETA  
6458 PONDAPPLE RD  
BOCA RATON FL 33433

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Milosavljevic Kosta  
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.)

MILOSAVLJEVIC KOSTA

Typed or printed name of signee

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DIVISION OF CORPORATIONS

**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)