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(Requestor's Name)					
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PICK-UP	■ WAIT	MAIL			
					
(Bu	isiness Entity Nar	ne)			
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Special Instructions to	Filing Officer:				
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	CCT: SDE A	AVIATION LLC			
		(Name of Limited	d Liability Compar	ay)	
The end	closed Articles o	f Organization and fee(s) are so	abmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	EDWARD	MANCINI			
•		Q	Name of Person)		
•		(Firm/Company)		
	1919, N	W 40TH COUR	Γ	Fit. 1	
			(Address)		
	POMPAI	NO BEACH, FL	33064		
•			State and Zip Code)		
For fur	her information	concerning this matter, please	call:		
EDV	VARD MAI	NCINI	at (954)	956-98	23
	(Name	of Person)	at (454) (Area Code	& Daytime To	elephone Number)
Enclos	ed is a check fo	or the following amount:			
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified Copy (additional copy i	,	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exe	urier Addres on Section of Corporation uilding cutive Center	38

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The hame of the Elimited Elability Company is.	
SDE AVIATION, LLC	
Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1919. NW 40TH COURT	1919 \ NW 40TH COURT
POMPANO BEACH, FL 33064	POMPANO BEACH, FL 33064
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
EDWARD MANCINI	
Name	·
1919, NW 40TH COUF Florida street add	RT ress (P.O. Box <u>NOT</u> acceptable)
POMPANO BEACH City, State, a	FL 33064 nd 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	EDWARD MANCINI 1919 . NW 40TH COURT POMPANO BEACH, FL 33064
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must boom days after the date of filing.)	e specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Lucy	A ···

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.)

EDWARD MANCINI

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)