

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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CORPORATE FILING SERVIC	;E		
3320 SW 87 TH AVENUE			
MIAMI, FL 33165 (305) 552-5973			
·	Office Use Only		
CORPORATION NAME(S) & DOCUMENT	NUMBER(S), (if known):		
1. HOUSE KING AIRWA (Corporation Name)	9VS LLC (Document #)		
2	· . .		
(Corporation Name)	(Document #)		
3. (Corporation Name)	(Document #)		-
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4. (Corporation Name)	(Document #)	AON	
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Walk in Pick up time 2.0		=	Ċ
☐ Mail out ☐ Will wait ☐	Photocopy	06 NOV AH : 56	
NEW FILINGS AT	MENDMENTS	ഗ	
Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS R	EGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	<i>;</i> .	-

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOUSE KING AIRWAYS LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5575 NW 36 STREET 3320 5 W83 of STLOOP MAMI, FL 33166 MIAMI, FL 33143
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: ALL ERTO P. HERREERO Name
Florida street address (P.O. Box NOT acceptable) Wi Ard FL 33143 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.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM,	ALBERTOP HERRERA 83205W83-4 Street MINUNI FL 33143
MGR	SILVIO GOMEZ THI NW 10PLACE PLANTATION FL 33313
MGR	6285 5 W98TH STREET MIAMI, FL 33156
· a	
(Use attachment if necessary)	
LEV: Effective date, if other than the	e date of filing: OPTION

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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

ALGERTO P. HERREROS

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)