

LO7000061290

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000154424 3)))



H070001544243ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003253
Phone : (305)634-3694
Fax Number : (305)633-9696

07 JUN 11 AM 8:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

apollo aviation group, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RLH

Electronic Filing Menu

Corporate Filing Menu

Help

RLH

RECEIVED

07 JUN 11 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

407000154424

3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Apollo Aviation Group, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C." 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:

848 Brickell Avenue, Suite 900

Miami, FL 33131

Mailing Address:

848 Brickell Avenue, Suite 900

Miami, FL 33131

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:

Robert F. Conrad

Name

848 Brickell Avenue, Suite 900

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

Miami,

FL 33131

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 11 AM 8:47

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

407000154424

107000154424

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

Name and Address:

"MGRM" = Managing Member

William Hoffman

848 Brickell Avenue, Suite 900

Miami, FL 33131

Robert Korn

848 Brickell Avenue, Suite 900

Miami, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

SIGNATURE: W. J. Hoffman

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.)

William Hoffman

Typed or printed name of signee

Killing 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)

H07000154424