

2090000044940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

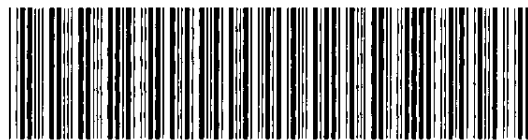
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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05/08/09--01004--014 \*\*155.00

RECEIVED  
09 MAY -8 AM 11:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

B. KOHR  
MAY - 8 2009  
EXAMINER

FILED  
09 MAY -8 PM 1:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. KENVIN AVIATION CONSULTING  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: KENVIN AVIATION CONSULTING LLC

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FLORIDA

**ARTICLE II  
ADDRESS**

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

**Principal Office Address:**

4754 NW 107 AVE # 901  
DORAL FL 33178

**Mailing Address:**

4754 NW 107 AVE # 901  
DORAL FL 33178

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S  
SIGNATURE**

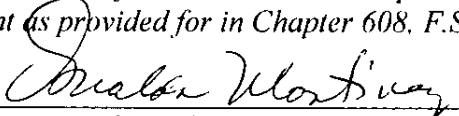
The name and the address (Florida) of the initial registered agent is:

Osvaldo Martinez  
name

782 NW 42 Ave # 2  
Miami FL 33126  
Florida address

Located in the county,  
Miami Dade

*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

**ARTICLE IV**  
**MANAGER(S) OR MANAGING MEMBER(S)**

The management of the limited liability company is reserved for the Members and the name and address of the member of the limited liability company are:

**Title:**

**Name and Address:**

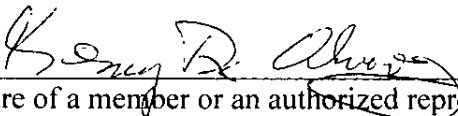
MGR (manager 51.00 %)

KENNY R. ALVAREZ  
4754 NW 17 AVE # 901  
DORAL FL 33178

MGR (manager 49.00%)

KEVIN S. ALVAREZ  
324 ½ NAVARRE DRIVE  
MIAMI SPRINGS FL 33166

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative

(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)

KENNY R. ALVAREZ  
Typed or printed name of signee