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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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S. HAWKES

AUG 2 6 2009

EXAMINER

S. HAWKES

AUG T 8 2008

EXAMINER



August 19, 2009

GERMAN ESPITIA 13746 SW 145TH STREET MIAMI, FL 33186

SUBJECT: MC-AIR, LLC Ref. Number: W09000037464

We have received your document for MC-AIR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 609A00028100

Suzanne Hawkes Regulatory Specialist II

Division of Corporations D.O. POY 6227 Tallahassas Florida 22214

COVER LETTER

10:	Division of C					
SUBJE	·CT·	M	C-Air	Parts, L	.LC	
50201		Name of Limit		· · · · · · · · · · · · · · · · · · ·		
The en	closed Articles	of Organization and fee(s) are	submitte	ed for filing	·•	
Please	return all corres	pondence concerning this mat	ter to the	e following:	:	
		G		Espitia		
			Name o	n reison		
		MC		arts, LLC	<u> </u>	
	Firm/Company					
	13746 SW 145th Street					
			Add	dress		
	Miami, FL 33186					
•		Cir	ty/State a	nd Zip Code		
-		E-mail address: (to be used	C-Air@	Dlive.con	1 et potificatio	(n)
For fur	her informatior	a concerning this matter, pleas		umaa repo	. notinouit	,
	Gerr	man Espitia	at (305)	964-7562
	Name	e of Person		Area Code	& Daytime	Telephone Number
Enclos	ed is a check f	or the following amount:				
\$125 .	00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing rtified Cop ditional copy	у	\$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 of Clifton Bio 2661 Execution Clifton Clifton Bio 2661 Execution Clifton Clifton Bio 2661 Execution Clifton C	urier Adda on Section of Corporat uilding cutive Cent ee, FL 3230	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
The name of the Limited Liability Comp	rany is:				
_	\$ 7 m				
	Parts, LLC				
(Must end with the words "Limi	ted Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address o	f the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
2020 NE 163rd Street	13746 SW 145th Street				
Suite 102	Miami, FL 33186				
North Miami Beach, FL 33162					
The name and the Florida street address Ama	of the registered agent are: anda Jaramillo				
	Name				
8906 W. Fla	8906 W. Flagler Street, Suite 219				
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)				
Miami 33174					
City	State, and Zip				
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S				
- Jua	uda Jaramillo.				
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: Mariliza Cardenas					
MGRM	Mariliza Cardenas					
	55 Ocean Lane Drive Apt # 1028 分。 天					
	Key Biscayne, FL 33149					
	ं ज					
MGRM	German Espitia					
	13746 SW 145th Street					
	Miami, FL 33186					
	date of filing: (OPTIONAL) e specific and cannot be more than five business days pr					
REQUIRED SIGNATURE:	Unapresine					
Signature of a membe	Signature of a member or an authorized representative of a member.					
of this document const	(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.)					
	German Espitia					
Tv	ped or printed name of signee					
Filing Fees:						
\$125.00 Filing Fee for Articles of Orga	nization and Designation					

of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)