

L10000112723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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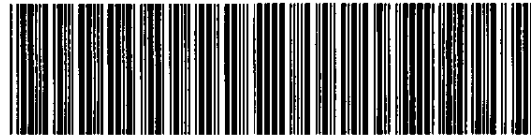
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 27 PM 2:34

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J. SAULSBERRY
EXAMINER

OCT 28 2010

*Per phone conversation
with Mr. DeGardio.
Filing Articles ~~under~~
When the Name
JRS*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERUANA DE AVIACION LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES DELGADO

Name of Person

AIR SOUTH AIRWAYS LLC

Firm/Company

1100 LEE WAGENER BOULEVARD SUITE 327

Address

FORT LAUDERDALE FLORIDA 33315

City/State and Zip Code

airsouthairwaysusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES DELGADO

Name of Person

at (**305**) **9652093**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERUANA DE AVIACION LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1100 LEE WAGENER BOULEVARD SUITE 327
FORT LAUDERDALE FLORIDA 33315

Mailing Address:

1100 LEE WAGENER BOULEVARD SUITE 327
FORT LAUDERDALE FLORIDA 33315

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:

RISE AVIATION MAINTENANCE CORP

Name

1100 LEE WAGENER BOULEVARD SUITE 327

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

FORT LAUDERDALE FL 33315

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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)

(CHARLES DELGADO FOR RISE AV. MT)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CEO & PRESIDENT

CHARLES DELGADO

1100 LEE WAGENER BOULEVARD SUITE 327

FORT LAUDERDALE FLORIDA 33315

VICEPRESIDENT

RUBEN MORENO

P.O BOX 470527

BROOKLINE VILLAGE, MA 02447

MGRM

JAY ENGELMAN

1100 LEE WAGENER BOULEVARD SUITE 327

FORT LAUDERDALE FLORIDA 33315

(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 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CHARLES DELGADO

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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)