

L11000035546

(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



500198939945

03/23/11--01013--025 **160.00

T. CLINE
MAR 24 2011
EXAMINER

FILED
2011 MAR 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DCDB Aircraft Solutions, L.L.C.
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:

Danielle Ball

Name of Person

DCDB Aircraft Solutions, L.L.C.

Firm/Company

9855 Via Amati

Address

Lake Worth

Florida 33467

City/State and Zip Code

docbargulf@msn.com

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

For further information concerning this matter, please call:

Constance Ball

Name of Person

at (561) 346-2192

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

FILED
2011 MAR 23 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DCDB Aircraft Solutions, L.L.C.

(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:

9855 Via Amati
Lake Worth, Florida 33467

Mailing Address:

9855 Via Amati
Lake Worth, Florida 33467

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:

Constance Ball

Name

9855 Via Amati

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

Lake Worth FL 33467

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..

Constance Ball

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2011 MAR 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

"MGRM" CEO

Constance Ball
9855 Via Amati
Lake Worth, Florida 33467

"MGRM" COO

Daniel Ball
9855 Via
Lake Worth, Florida 33467

"MGRM" CFO

Jessica Thieman
104 Willow Road
Savannah, Georgia 31419

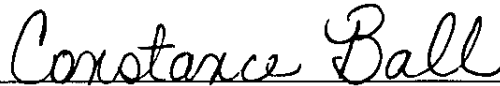
"MGRM" SECRETARY

Danielle Ball
9855 Via Amati
Lake Worth, Florida 33467

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 18, 2011. (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.)

Constance Ball

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)

FILED
2011 MAR 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA