

**L110000066309**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

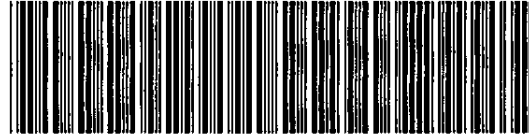
Special Instructions to Filing Officer:

**L. SELLERS**

JUN -7 2011

**EXAMINER**

Office Use Only



**600208260086**

06/01/11--01029--004 \*\*125.00

**FILED**  
11 JUN -11 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AVI-TECH NOLOGIES, 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:

LUZ STELLA ALEMAN  
Name of Person  
Luz Stella Aleman / AVI-TECHNOLOGIES, L.L.C.  
Firm/Company  
4295 VINEYARD CIRCLE  
Address  
WESTON, FLORIDA, 33332  
City/State and Zip Code  
lsanchez@avi-technologies.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUZ STELLA ALEMAN at (954) 588-4398  
Name of Person 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

**AVI Technologies, Inc.**

Aviation Sales, Parts &amp; Accessories

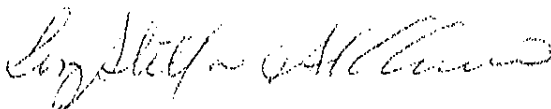
Weston, Florida  
June 2, 2011

**FLORIDA DEPARTMENT OF CORPORATIONS**

I, Luz Stella Aleman, owner of Avi-Technologies, Inc.; I informed Florida Department of Corporations that I release the name in order to open a new Corporation with the name: Avi-Technologies, L.L.C. with the only owner and shareholder will be Luz Stella Aleman.

If you have any question, please don't hesitate to reach me at  
954 588 4398

Cordially,



LUZ STELLA ALEMAN

**FILED**  
11 JUN -1 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4295 Vineyard Circle  
Weston, FL 33332

Phone: 954-588-4398 Fax: 954-653-3084  
e-mail:lsanchez@avi-technologies.net

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AVI-TECH NOLOGIES, 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:**

4295 VINEYARD CIRCLE  
WESTON, FL, 33332  
USA

**Mailing Address:**

4295 VINEYARD CIRCLE  
WESTON, FL 33332  
USA

**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:

LUZ STELLA ALEMAN

Name

4295 VINEYARD CIRCLE

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

WESTON, FL FL 33332

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..*



Registered Agent's Signature (REQUIRED)

(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:**

MGR

LUZ STELLA ALEMAN  
4295 VINEYARD CIRCLE  
WESTON, FL 33332

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(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.)

LUZ STELLA ALEMAN  
\_\_\_\_\_  
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)**