

L12000682984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

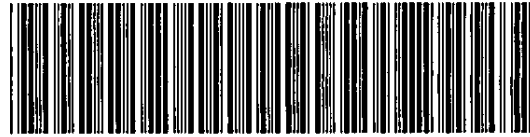
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUN 25 2012

EXAMINER



200236596572

06/22/12--01004--002 **125.00

EFFECTIVE DATE 6/18/2012

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 22 AM 10:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Space Coast Aviation Engine Services, 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:

EFFECTIVE DATE 6/18/2012

James Giamarino

Name of Person

Space Coast Aviation Engine Services, LLC

Firm/Company

6105 N. Wickham Road, PO Box 410491

Address

Melbourne, Florida 32941-0491

City/State and Zip Code

spacecoastengines@gmail.com

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

FILED
STATE
SECRETARY OF CORPORATIONS
JUN 22 AM 10:40

For further information concerning this matter, please call:

James Giamarino

Name of Person

at (321) 271-5075

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE 6/18/2012

Space Coast Aviation Engine Services, 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:

1066 Spanish Wells Drive

Melbourne, Florida

32940

Mailing Address:

6105 N. Wickham Rd, PO Box 410491

Melbourne, Florida

32941-0491

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:

Cynthia Giamarino

Name

1066 Spanish Wells Drive

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

Melbourne

FL 32940

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 22 PM 10:40

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.

Cynthia Giamarino
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:

MGRM

James Giamarino

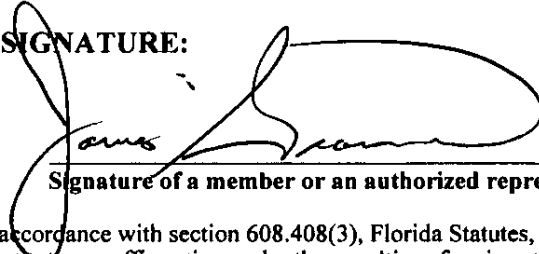
1066 Spanish Wells Drive

Melbourne, Florida 32940

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 18, 2012. (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.)

James Giamarino

Typed or printed name of signer _____

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)**