Note: Pleasen below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Email Address:

Fax Number : (850)617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305) 552-5973

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. AEROSUPPLIER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: AFROSUPPLIER | LC

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

ARTICLE III - Re (The Limited Liability Co business entity with an a	mpany cannot serve as	its own Regist	Office, & ered Agent, \	Registered Agent's Signature: You must designate an individual or another
The name and the F	lorida street addr	ess of the r	egistered a	agent are:
	FRAN	cis	<u>S.</u>	CALDERA
	,	Name		
	5442	NW	110	AVE
	Flor	ida street ado	iress (P.O. I	Box NOT acceptable)
	DOR	46	171	33/78

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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		Name and Address:
"MGRM" = Managing N MGRM	Member	FRANCIS S. CALDERA 5442 NW 110 AVE BORAL FL 33178
	÷	
(Use attachment if nece	ssary)	
	e date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNAT	URE:	

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.)

ANCIS S. CALDERA

Typed or printed name of signe

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)

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