

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Effective Date 04/10/13

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GEARUP AVIATION SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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APR 17 2013

J. BRYAN

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gearup Aviation Solutions, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Patricia G. Quintana
Name of Person
Gearup Aviation Solutions, LLC
Firm/Company
1455 SW 85th Terrace
Address
Pembroke Pines FL 33025
City/State and Zip Code
gearup consulting@gmail.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Quintana 954-435-5461
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gearup Aviation Solutions, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1455 SW 85th Terrace
Pembroke Pines
Florida 33025

1455 SW 85th Terrace
Pembroke Pines
Florida 33025

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:

Effective Date 04/10/13

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

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.

By: Melvin Maldonado

Registered Agent's Signature (REQUIRED)

Melvin Maldonado
Assistant Secretary

(CONTINUED)

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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:

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MGRM

Manuel Quintana
1455 SW 85th Terrace
Pembroke Pines Florida 33025

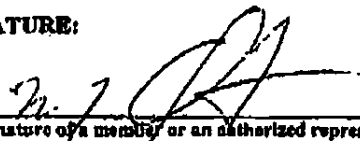
MGRM

Patricia G. Quintana
1455 SW 85th Terrace
Pembroke Pines, FL 33025

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 10, 2013 (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.)

Manuel Quintana
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- 5 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

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