# L14000011440

(Reque	stor's Name)	•
(Addre	ss)	<del></del>
(Addre	ee)	
(riddio.	33)	
(City/Si	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Duries)		
(Busine	ess Entity Nam	ie)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



200255551192

01/21/14--01020--023 \*\*130.00

TILED AN 21 M 74 A SECRETAGE CESTATE

TO:	Registration Section	n

**Division of Corporations** 

SUBJECT: Novo Aero 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:

 Sandra Novo
Name of Person
Individual
Firm/Company
733 CHERRY ROAD
 Address
WEST PALM BEACH FL,33409
City/State and Zip Code
sandra.novo@novoaeroservices.com
 E-mail address: (to be used for future annual report notification)

For further

Sandra Novo

at (786

) 319-8637

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Novo Aero Services LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

**ARTICLE 1 - Name:** 

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

# **Principal Office Address:**

## **Mailing Address:**

Novo Aero Services LLC. 733 CHERRY ROAD WEST PALM BEACH FL,33409 Novo Aero Services LLC. 733 CHERRY ROAD WEST PALM BEACH FL,33409

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:

Sandra Novo		
Na	me	
733 CHERRY ROAD		
Florida street address (P.O. I	Box NOT acceptable)	
West Palm Beach	<u>FL</u> 33409	
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

FILED

14 JAN 21 21 75 05

SECRETARY 15 5 TATE
TAIL ALK SECTION 5

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Sandra Novo 733 CHERRY ROAD WEST PALM BEACH FL,33409
(Use attachment if necessary)	
	filing: . (OPTIONAL) The filing of the five business days prior to or 90
of filing.)  REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90
ective date is listed, the date must be specif of filing.) <u>REOUIRED</u> SIGNATURE:	ic and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE:  Signature of a member	
REQUIRED SIGNATURE:  Signature of a member	Der or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a member	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member	Der or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Sandra Novo
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605 constitutes an affirmation under I am aware that any false information constitutes a third degree felon Table 1 and 1	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Sandra Novo  Typed or printed name of signee
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605 constitutes an affirmation under I am aware that any false information constitutes a third degree felon	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Sandra Novo Typed or printed name of signee  Filing Fees:  itization and Designation of Registered Agent
REQUIRED SIGNATURE:  Signature of a member	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Sandra Novo Typed or printed name of signee  Filing Fees:  itization and Designation of Registered Agent