Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000074330 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

\*\*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. AROW AIRPORT SYSTEMS LLC

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

C. LEWIS

MAR 2 8 2014

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

02/06/2032 05:32

14 附配 27 間 8:43

H1400007433 OSECNETARY OF STATE

ARTICLESO	FORGANIZATION FOR FLA	ORIDA LIMITED LIABI	ILITY COMPANY
ARTICLE I - Name: The name of the Limited Liabili	ity Company is:		
* Arow Airpor	t Systems with the words "Limited L	LLC	
(Must end	with the words "Figures f.	nability Company, "Lit	Sit ( or fuller)
ARTICLE II - Address: The mailing address and street a	address of the principal offi	ce of the Limited Liab	lity Company is:
Principal Office Address:	Malling	Address:	•
3915 000 250	<u>.</u> +	3915 NW	25 4
HIAHI FL 331	42	MIAMI F	33142
another business entity with an The name and the Florida street		gent are:	· · · · · · · · · · · · · · · · · · ·
· 29	15 NW 25 5		•
	street address (P.O. Box )		<del></del>
\1	iami	5 22142	2
	City	Zip	<del></del>
the place designated in this capacity. I further agree to co	certificate, I hereby accept to omply with the provisions of iar with and accept the obligation Chapter	he appointment as regi all statutes relating to actions of my position a 605, F.S.	hove stated limited liability company at stered agent and agree to act in this the proper and complete performance is registered agent as provided for in
Registered Agent's Significate (REQUIRED)			

(CONTINUED).
Page 1 of 2

APPROVILU AND FILED #1286 P.003/003

· 设置 •	400007433 d4 MAR 27 AN 8: 43			
SECRETARY OF 5 TATE ARTICLE IV- TALL ARASSET, FLORIDA The name and address of each gerson authorized to manage and control the Limited Liability Company:				
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
<b>₩</b>				
N62	Eyles Hernandez			
MGR	Wilson Hopillo 3605 w JAVE			
MGR	Poberto Morillo 3975 NW 25 St MANU PC 33142			
(Use attachment if necessary)				
	filing: (OPTIONAL) file and cannot be more than five business days prior to or 90 days after			
ARTICLE VI: Other provisions, if any.	•			
REQUIRED SIGNATURE:				
(In accordance with section 60 constitutes an affirmation und 1 am aware that any false info	beror an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document for the ponalties of perjury that the facts stated herein are true.  In the penalties of perjury that the facts stated herein are true.  In the penalties of perjury that the facts stated herein are true.  In the penalties of perjury that the facts stated herein are true.  In the penalties of perjury that the facts stated herein are true.  In the penalties of perjury that the facts stated herein are true.			
Ey	Typed or printed name of signee			

Page 2 of 2