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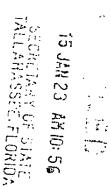
(Re	equestor's Name)	
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: Aviation Training Professionals, L		
	Name of Li	mited Liability Company	
The enclo	sed Articles of Organization and fee(s) a	re submitted for filing.	
Please ret	urn all correspondence concerning this m	natter to the following:	
	Kevin J. O'Donnell		
		Name of Person	
	Aviation Training Professionals, LL	 	
		Firm/Company	
	4982 North Citation Drive #202		
		Address	
	Delray Beach, Florida 33445		
		City/State and Zip Code	
KOVII	n@aviationtrainingpros.com E-mail address: (to be use	d for future annual report notifica	ntion)
For furthe	r information concerning this matter, plea	ase call:	
Kevin J.	O'Donnell at (305) 619-5103	
	Name of Person	Area Code Daytime Tel	lephone Number
Enclosed:	is a check for the following amount:		
☑ \$125.00 F	Filing Fee \$\Bigcup \frac{\$130.00 \text{ Filing Fee & Certificate of Status}}	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Aviation Training Professionals, LLC.		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	Fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4982 North Citation Drive #202 Delray Beach, Florida 33445	4982 North Citation Drive #202 Delray Beach, Florida 33445	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or	
The name and the Florida street address of the registered	agent are:	
Kevin J. O'Donnell		
Name		
4982 North Citation Drive #20	2	
Florida street address (P.O. Box	NOT acceptable)	
Delray Beach	FL 33445	
City	Zip	
capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability comp t the appointment as registered agent and agree to act in of all statutes relating to the proper and complete perform ligations of my position as registered agent as provided for er 605, F.S	this nance
	∑ ′.	
Registered Agent's Signat		
(CONTINUE	ED) SSE 23	
Page 1 of 2		The state of the s

Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager MGR	Kevin J. O'Donnell	
	4982 North Citation Drive #202	
	Delray Beach, Florida 33445	

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(Use attachment if necessity EV: Effective date, if oxtive date is listed, the of filing.)	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to	or 90
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E V: Effective date, if octive date is listed, the filing.) E VI: Other provisions,	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to if any.	or 90
E V: Effective date, if octive date is listed, the filing.) E VI: Other provisions,	other than the date of filing: (OPTIONAL) c date must be specific and cannot be more than five business days prior to if any.	or 90
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E V: Effective date, if of ctive date is listed, the filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes are	ignature of a member or an authorized representative of a member. ce with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true.	ent
E V: Effective date, if of ctive date is listed, the filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the ctive date is listed, the filing.)	ignature of a member or an authorized representative of a member. The with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true at any false information submitted in a document to the Department of State.	nent
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ARTICLE IV-