## U500027862

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FI OBINA

FEB 1 6 2015 S. YOUNG

## **COVER LETTER**

| TO: Registration Section Division of Corporations    |   |
|--|---|
| SUBJECT: AAA Technical Associates, LLC               | nited Liability Company   |
| Name of Lir  | nited Liability Company   |
| The enclosed Articles of Organization and fee(s) at  | re submitted for filing.  |
| Please return all correspondence concerning this m   | atter to the following:   |
| Stephen Russell                                      | Name of Person  |
| AAA Technical Associates, LLC                        | Firm/Company  |
| 1280 South Banana River Drive                        | Address   |
|  |   |
| Merritt Island, FL 32952                             |   |
| C  | Sity/State and Zip Code   |
| stphn_russell@vahoo.com                              |   |
| E-mail address: (to be used                          | d for future annual report notification)  |
| For further information concerning this matter, plea | 120 122   |
|  | 大田 田 田 田 田 田 田 田 田 田 田 田 田 田 田 田 田 田 田  |
| Stephen Russell at ( ;                               | Area Code Daytime Telephone Number  |
| Name of Person                                       | Area Code Daytime Telephone Number  |
|  |   |
| Enclosed is a check for the following amount:        |   |
| □ \$125.00 Filing Fee                                | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|  | (   |
| Mailing Address                                      | Street/Courier Address  |
| Registration Section                                 | Registration Section  |
| Division of Corporations P.O. Box 6327               | Division of Corporations Clifton Building   |
| Tallahassee, FL 32314                                | 2661 Executive Center Circle  |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |  |
|---|--|
| AAA Technical Associates, LLC   | Liability Company, "L.L.C.," or "LLC.")  |
| (Must end with the words "Limited   | Liability Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:   |  |
| The mailing address and street address of the principal o   | ffice of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 1280 South Banana River Drive<br>Merritt Island, FL 32952   | 1280 South Banana River Drive Merritt Island. FL 32952   |
| (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered.  Stephen Russell | n.)  |
| Name  |  |
| 1280 South Banana River Dri   | VA   |
| Florida street address (P.O. Box  |  |
| Merritt Island  | FL 32952   |
| City  | Zip  |
| the place designated in this certificate, I hereby accep<br>capacity. I further agree to comply with the provisions<br>of my duties, and I am familiar with and accept the obj                    | rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S |
| Store   |  |
| Registered Agent's Signal   | ture (REQUIRED)  |
| (CONTINU<br>Page 1 of 2   | ,  |

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member  |  |
| "MGR" = Manager<br>MGR  | Stephen Russell  |
| MGR   | 1280 South Banana River Drive  |
|   | Merritt Island, FL 32952   |
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| (Use attachment if necessary)   |  |
| ective date is listed, the date must l<br>of filing.)   | e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da  |
| ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.  | e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 da   |
| ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.  | be specific and cannot be more than five business days prior to or 90 da   |
| ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.  | be specific and cannot be more than five business days prior to or 90 da   |
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| ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.  | be specific and cannot be more than five business days prior to or 90 da   |
| ective date is listed, the date must lof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:   | be specific and cannot be more than five business days prior to or 90 da   |
| REQUIRED SIGNATURE:  Signature of (In accordance with section   | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document  |
| REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation)   | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  |
| REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false   | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State   |
| REQUIRED SIGNATURE:  Signature of (In accordance with section of any and a section of a section | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155. E.S.)  |
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| REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree  | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  f Organization and Designation of Registered Agent     |
| REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree  \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Options)  | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  f Organization and Designation of Registered Agent al) |
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