

L150000 29594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269337531

02/11/15--01017--014 **160.00

FILED
2015 FEB 11 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPARTAN UAS INDUSTRIES 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:

PEDRO J. FLORES-GOMEZ
Name of Person

SPARTAN UAS INDUSTRIES LLC.
Firm/Company

4611 S. UNIVERSITY DRIVE SUITE 212
Address

DAVIE, FLORIDA 33328-3817
City/State and Zip Code

SPARTANUASINDUSTRIESLLC@OUTLOOK.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO J FLORES-GOMEZ at (954) 702-1684
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPARTAN UAS INDUSTRIES 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4611 S. UNIVERSITY DRIVE
SUITE 212
DAVIE, FLORIDA 33328-3817

4611 S. UNIVERSITY DRIVE
SUITE 212
DAVIE, FLORIDA 33328-3817

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:

MARCO Y. FLORES-GOMEZ
Name

3408 SW EUROPE STREET
Florida street address (P.O. Box **NOT** acceptable)

PORT ST. LUCIE FL 34953
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)

(CONTINUED)

FILED
2015 FEB 11 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

PEDRO J. FLORES-GOMEZ

4611 S. UNIVERSITY DRIVE SUITE 212

DAVIE, FLORIDA 33328-3817

AMBR

MARCO Y. FLORES-GOMEZ

3408 SW EUROPE STREET

PORT ST. LUCIE, FLORIDA 34953

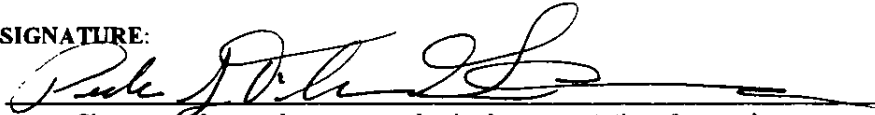
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

PEDRO J. FLORES-GOMEZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2015 FEB 11 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA