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(Reques	tor's Name)	
(Address	5)	
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(City/Sta	ite/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
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Special Instructions to Filing	) Officer:	
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SECSITARY OF STATE
DIVISION OF CORPUGATIONS
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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJI	CT: <u>Palm B</u>	each Aerial, LLC Name of Lin	nited Liability Company	
		of Organization and fee(s) as		
1 icasc	Austin Si		Name of Person	
	Palm Bea	ach Aerial, LLC	Firm/Company	
	<u>121 Tran</u>	quilla Drive	Address	
	Palm Bea	ach Gardens, FL 33418	City/State and Zip Code	
ai	spingarn@gm	ail com	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Austin	Spingarn Nar	ne of Person	315 708-8614 Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
<b>I</b> \$125.0	00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	iling Address	Street/Courier Add	ress.

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYAR 10 AH 10: 45

ARTICLE I - Name: The name of the Limited Liability Company is:	
Palm Beach Aeriel, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
121 Tranquilla Dr Palm Beach Gardens. FL 33418	121 Tranquilla Dr Palm Beach Gardens, FL 33418
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Austin Spingam	
Name	
121 Tranquilla Dr	
Florida street address (P.O. Box	NOT acceptable)
Palm Beach Gardens	FL 33418
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	<b>D</b> )

Page 1 of 2

P#4#	N7
<u>[itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	A continue Only many
Owner	Austin Spingarn
	121 Tranquilla Dr
	Palm Beach Gardens, FL 33418
**************************************	
<del></del>	
CV: Effective date, if other than the date etive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
EV: Effective date, if other than the date ctive date is listed, the date must be spef filing.)	cific and cannot be more than five business days prior to or 90 days after
ctive date is listed, the date must be spe f filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 days after
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EV: Effective date, if other than the date ective date is listed, the date must be sper filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a meaning and specific statements and specific statements are specifically signature.	cific and cannot be more than five business days prior to or 90 days after  Lin Spingarn  mber or an authorized representative of a member.
EV: Effective date, if other than the date ective date is listed, the date must be sper filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 60) constitutes an affirmation under	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of the date is listed, the date must be sper filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document representative of a member are true, nation submitted in a document to the Department of State
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Palm Beach Aerial, LLC

Austin Spingarn 121 Tranquilla Drive Palm Beach Gardens, FL 33418

315-708-8614