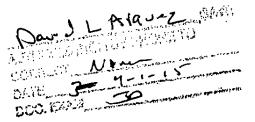
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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EUREKA INTERNATIONAL 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:	
DAVID L ARGUEZ	
Name of Person	
EUREKA INTERNATIONAL LLC Firm/Company	
r in the Company	
13206 NW 8th LANE Address	
MIANU EL 20400	
MIAMI, FL 33182 City/State and Zip Code	
dla@aveniraviation.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DAVID L ARGUEZ at (305) 546-2441	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee Certificate of Status □ \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building	
Tallahassee, FL 32314 Tallahassee, FL 32314 Cittor Building 2661 Executive Center Circle Tallahassee, FL 32301	



March 24, 2015

DAVID L ARGUEZ 13206 NW 8TH LANE MIAMI, FL 33182

SUBJECT: EUREKA INTERNATIONAL LLC

Ref. Number: W15000020592

We have received your document for EUREKA INTERNATIONAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 715A00005880

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
API ENTERPRISES LLC	
(Must end with the words "Lin	nited Liability Company, "L.L.C., G. T.L.C.)
ARTICLE II - Address: The mailing address and street address of the principal	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13206 NW 8th LANE MIAMI, FL 33182	SAME
another business entity with an active Florida regist The name and the Florida street address of the regist DAVID L ARGUEZ N 13206 NW 8th LANE	
Florida street address (P.O.	. Box NOT acceptable)
MIAMI	FL 33182
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the	ept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" ≈ Manager		
MGR	DAVID L ARGUEZ	
	13206 NW 8th LANE	
	MIAMI, FL 33182	
AMBR	DAVID L ARGUEZ	
	13206 NW 8th LANE	S
	MIAMI, FL 33182	
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ARTICLE IV-