# LIS 000128908

questor's Name)	
dress)	
dress)	* •
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	ne)
cument Number)	
_ Certificates	s of Status
Filing Officer:	
	ļ
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates

Office Use Only



500275164475

07/27/15--01030---023 \*\*160.00

15 JUL 27 AM 10: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1/20/15

## COVER LETTER

Division of Corporations
SUBJECT: Golden Sky Aerospace, 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:
Vanessa Restrepo, Jorge Luis Wors Name of Person
Golden Sky Aerospace, UC Firm/Company
14873 SW 104 St Apt 105 Address
Miani, Florida 33196
Wiani, Florida 33196  City/State and Zip Code  VRest and Ofivedu Jorgewas & Yohoo-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vanessa Restrepon (786) 308 7197  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  179(125.00 Filing Fee

### **Mailing Address**

TO:

Registration Section

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

### Street Address

New Filing 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:

Golden Sky Aerospac (Must end with the words "Limited Liability	e, LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
14873 SW 104 St APT 105 Migwi, FL 33196	14873 SW 104 ST APT 105 High: FL 33196
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are  Vanessa Restre  Name  14873 SW 109	po, Jorge Luis Luces ECRETARS
Florida street address (P.O. Bo	ox NOT acceptable)

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 somplete 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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>Manager</u> <u>Manager</u>	Jorge Luis Luces 13777 SW 115 LN HIGHILFL 33186
Manager	Vanessa Restrepo 14873 SW104 St Apt 105 Miami, FC 33196
•	offiling: (I. J. J. 20, 2015 (OPTIONAL)
E V: Effective date, if other than the date ctive date is listed, the date must be speffiling.) the date inserted in this block does not ment's effective date on the Department	of filing:
E V: Effective date, if other than the date extive date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department	ecific and cannot be more than five business days prior to or 90 connect the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date extive date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Department	ecific and cannot be more than five business days prior to or 90 connect the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date extive date is listed, the date must be spenfilling.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 connect the applicable statutory filing requirements, this date will not be
ctive date is listed, the date must be spond filing.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 connect the applicable statutory filing requirements, this date will not be

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)

ARTICLE IV-