

**L14000137563**

**Florida Department of State  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
AIRSYNERGY, LLC.**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**AIRSYNERGY, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**AIRSYNERGY, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**19880 SW 186 ST  
MIAMI, FL. 33187**

The mailing address shall be:

**19880 SW 186 ST  
MIAMI, FL. 33187**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**JOSE A. LINARES**

**19880 SW 186 ST**  
Florida street address ( P.O.BOX NOT acceptable)  
**MIAMI, FL. 33187**  
City, State, and Zip

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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..

X *Linare*  
**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**JOSE A. LINARES**  
**19880 SW 186 ST**  
**MIAMI, FL. 33187**

**MANAGER**

(An additional article must be added if an effective date is requested)

X *Linare*  
**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.)

**JOSE A. LINARES**  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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