

**L15000150992**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORP USA  
Account Number : 072450003255  
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Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

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15 SEP -9 AM 10:35  
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**FLORIDA LIMITED LIABILITY CO.  
JJ.L.A. AERONAUTICS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

100031  
9/10/15

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H15000216856

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J.J.A. AERONAUTICS 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:

LORENA ROJAS

Name of Person

OSCAR A CABRERA P.A.

Firm/Company

28880 SW 164 AVE

Address

HOMESTEAD, FL 33033

City/State and Zip Code

ocabrera@bellsouth.net

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR A CABRERA

305

321-6207

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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:

J.L.A. AERONAUTICS 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:

9619 NW 33 STREET

SAME

DORAL FLORIDA 33172

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:

JOSE JESUS LEON ACOSTA

Name

9619 NW 33 STREET

Florida street address (P.O. Box **NOT** acceptable)

DORAL

FLORIDA

33172

City

State

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)

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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

MANAGING MEMBER

**Name and Address:**

JOSE JESUS LEON ACOSTA

4619 NW 33 STREET

DORAL, FLORIDA 33172

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/09/2015 . (OPTIONAL)

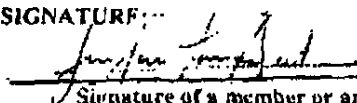
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

THE COMPANY IS ORGANIZED FOR ANY LEGAL AND LAWFUL PURPOSE FOR WHICH A LIMITED  
LIABILITY COMPANY MAYBE ORGANIZED PURSUANT TO THE ACT

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JOSE JESUS LEON ACOSTA

Typed or printed name of signer

**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)