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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

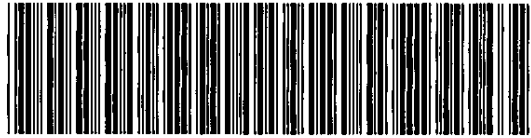
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV -5 PM 12:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIRCRAFT TECHNICAL SPECS & SOLUTIONS, 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:

CONSTANCE BALL

Name of Person

AIRCRAFT TECHNICAL SPECS & SOLUTIONS, LLC.

Firm/Company

3061 NW 60TH STREET

Address

FT LAUDERDALE, FLORIDA 33309

City/State and Zip Code

Connie.DCDBAircraftSolutions@gmail.com

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

For further information concerning this matter, please call:

DANIEL BALL

561

346-2190

at ()

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -5 PM 12:05

ARTICLE I - Name:

The name of the Limited Liability Company is:

AIRCRAFT TECHNICAL SPECS & SOLUTIONS, 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:

3061 NW 60TH Street
FT LAUDERDALE, FLORIDA 33309

SAME

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:

CONSTANCE BALL

Name

3061 NW 60TH STREET

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

FT LAUDERDALE FLORIDA 33309

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..

Constance Ball

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>"MGR" CEO</u>	<u>DANIEL BALL</u> <u>9855 via AMATI</u> <u>LAKE WORTH, FLORIDA 33467</u>
<u>"MGR" COO</u>	<u>RICHARD DADASIEWICZ</u> <u>9891 WINDWALKER TRAIL</u> <u>TUCSON, ARIZONA 85742</u>
<u>"AMBR" SECR</u>	<u>CONSTANCE BALL</u> <u>9855 via AMATI</u> <u>LAKE WORTH, FLORIDA 33467</u>
<u>"AMBR"</u>	<u>MITCHELL MORGAN</u> <u>9554 E LONPOC AVENUE</u> <u>MESA, ARIZONA 85209</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 24, 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.

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.

DANIEL BALL
Typed or printed name of signee

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV - 5 PM 12: 05