

L15000210238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

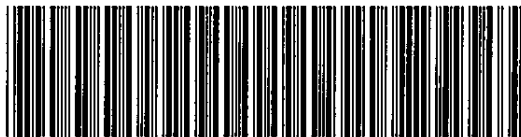
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
1-1-18

FILED
15 DEC 11 AM 11:55
RECEIVED
TALLAHASSEE, FLORIDA

DEC 2 2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helica Launch Systems
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:

Love Bhuniraj Patel
Name of Person

Civil Dept. - Embry-Riddle Aeronautical University
Firm/Company

118 Crystal Oak Dr.
Address

DeLand, FL 32720
City/State and Zip Code

patel.love92@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Love B. Patel at (386) 785-6039
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:

Helica Launch Systems, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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STATE
TREASURER, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

118 Crystal Oak Dr.
DeLand, FL 32720

" "

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:

Love Bhuniraj Patel

Name

118 Crystal Oak Dr.

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

DeLand

FL

32720

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

AMBR

Name and Address:

Love Bhuniraj Patel
118 Crystal Oak Dr.
Deland, FL 32720

Nathanial Anderson
704 Katherine St.
Daytona Beach, FL 32119

Richard Pearl
6640 Crenshaw Dr.
Orlando, FL 32835

Costanza Cuneo
600 S. Clyde Morris Blvd. - Civil Dept.
Daytona Beach, FL 32114

(Use attachment if necessary)

** (see attached)*

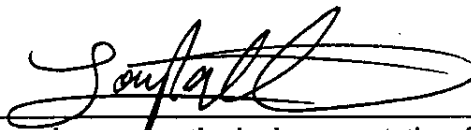
ARTICLE V: Effective date, if other than the date of filing: January 1, 2016 (OPTIONAL)

(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.

LOVE BHUNIRAJ PATEL

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)

• **ARTICLE IV – (continued)**

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

Title:

“AMBR” = Authorized Member

“MGR” = Manager

Name and Address:

AMBR

Talia Barraco
15370 Huntington Court
Ft. Myers, FL 33912

AMBR

Joseph Fuller
21 Fairway Drive
Middle Island, NY 11953

AMBR

Ender Sokmen
600 South Clyde Morris Blvd. – Civil Dept.
Daytona Beach, FL 32114

AMBR

Kyle Morgan
224 Integra Shores Drive
Apt. 211
Daytona Beach, FL 32117