

L16000106745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

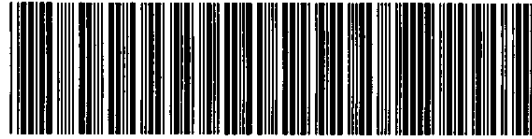
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M6-640

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JUN 16 2016  
FILING OFFICE  
TALLAHASSEE, FLORIDA

16 JUN -6 PM 4:15

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AVIASOLUTIONS GROUP 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:

MILTON MUNOZ

Name of Person

AVIASOLUTIONS GROUP LLC

Firm/Company

15036 SW 55 TERRACE

Address

MIAMI FL. 33185

City/State and Zip Code

aviasolutions.cia@gmail.com

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

For further information concerning this matter, please call:

MILTON MUNOZ

954

5096207

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2016

MILTON MUNOZ  
6008 SW 129TH AVE  
MIAMI, FL 33183

SUBJECT: AVIASOLUTIONS CIA  
Ref. Number: W16000006140

We have received your document for AVIASOLUTIONS CIA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 116A00001910

RECEIVED

16 MAR 23 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2016

MILTON MUNOZ  
6008 SW 129TH AVE  
MIAMI, FL 33183

SUBJECT: AVIASOLUTIONS LLC  
Ref. Number: W16000006140

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUN -6 PM 4:20

RECEIVED

We have received your document for AVIASOLUTIONS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 916A00006414

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVIASOLUTIONS GROUP 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:

15036 SW 55 TERRACE

MIAMI FL. 33185

Mailing Address:

15036 SW 55 TERRACE

MIAMI FL. 33185

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:

MILTON MUNOZ

Name

15036 SW 55 TERRACE

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

MIAMI

FL

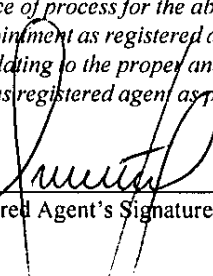
33185

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)

FILED  
16 JUN -6 PM 4:15  
CLERK OF DISTRICT COURT  
JULIA A. BROWN, CLERK  
15036 SW 55 TERRACE  
MIAMI, FL 33185

**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

MGR

AMBR

AMBR

**Name and Address:**

MILTON MUNOZ  
15036 SW 55 TERRACE  
MIAMI FL. 33185

MONICA MUNOZ  
15036 SW 55 TERRACE  
MIAMI FL. 33185

DAYRA MUNOZ  
15036 SW 55 TERRACE  
MIAMI FL. 33185

MILTON E MUNOZ  
15036 SW 55 TERRACE  
MIAMI FL. 33185

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

MILTON MUNOZ

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)

ATACHEMENT

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

"AMBR" = Authorized Member

Title: Name and Address:

"MGR" = Manager

MANAGER

MONICA PENAHERRERA

15036 SW 55 TERRACE

MIAMI FL 33185

FILED  
16 JUN -6 PM 4:15  
CLERK OF COURT  
MIAMI COUNTY, FLORIDA