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| (Ře | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

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COVER LETTER

| | egistration Section ivision of Corporations | |
|----------------|---|--|
| SUBJECT | Bluestar Air Services, LLC | |
| SUBJECT | :Name of | Limited Liability Company |
| The enclos | ed Articles of Organization and fee(s | are submitted for filing. |
| Please retu | rn all correspondence concerning this | s matter to the following: |
| | Eduardo Arias | |
| | | Name of Person |
| | | Firm/Company |
| | 794 Bostwick Drive | |
| | | Address |
| | Key Largo,Fl 33037 | |
| 1 | eddypt6turbines@aol.com | City/State and Zip Code |
| - | E-mail address: (to be u | sed for future annual report notification) |
| For further in | nformation concerning this matter, pl | ease call: |
| | Eduardo Arias | 786 556-9502 () |
| | Name of Person | Area Code Daytime Telephone Number |
| Enclosed is | a check for the following amount: | |
| []\$125.00 Fi | ling Fee \$130.00 Filing Fee & Certificate of Status | |
| | Mailing Address New Filing Section Division of Corporations | Street Address New Filing Section Division of Corporations |

P.O. Box 6327

Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| a nama aftha Limitad Li | ICLE I - Name: ame of the Limited Liability Company is: | | FILE | |
|--|--|---|---|--|
| | | | 16 JUN 14 PM | |
| Bluestar Air Sci | rvices, LLC | | SECRETABLES | |
| (Must | end with the words "Limited l | Liability Company, "I | SECRETARY OF L.L.C.," or "LLC"ALL AHASSEE FI | |
| ARTICLE II - Address: | | | | |
| | reet address of the principal off | ice of the Limited Lia | ability Company is: | |
| <u>Pr</u> | Principal Office Address: | | Mailing Address: | |
| 504 D | niva | 794 Bos | stwick Drive | |
| 794 Bostwick D | HIVE | | | |
| Key Largo.FL 3 RTICLE III - Registere. The Limited Liability Connother business entity with | d Agent, Registered Office, & opany cannot serve as its own Fh an active Florida registration | Registered Agent's Registered Agent's | s Signature: u must designate an individual or | |
| Key Largo.FL 3 ARTICLE III - Registere (The Limited Liability Connother business entity with the second se | d Agent, Registered Office, & appany cannot serve as its own I han active Florida registration treet address of the registered a | Registered Agent's Registered Agent's | s Signature: | |
| Key Largo,FL 3 ARTICLE III - Registere The Limited Liability Con mother business entity wit | d Agent, Registered Office, & opany cannot serve as its own Fh an active Florida registration | Registered Agent's Registered Agent's | s Signature: | |
| Key Largo.FL 3 ARTICLE III - Registere (The Limited Liability Connother business entity with the second se | d Agent, Registered Office, & appany cannot serve as its own I han active Florida registration treet address of the registered a | Registered Agent's Registered Agent. You | s Signature: | |
| Key Largo.FL 3 ARTICLE III - Registere (The Limited Liability Connother business entity with the second se | d Agent, Registered Office, & apany cannot serve as its own F h an active Florida registration treet address of the registered a Eduardo Arias | Registered Agent's Registered Agent. You agent are: | s Signature: u must designate an individual or | |
| Key Largo.FL 3 ARTICLE III - Registere (The Limited Liability Connother business entity with the second se | d Agent, Registered Office, & apany cannot serve as its own I han active Florida registration treet address of the registered a Eduardo Arias | Registered Agent's Registered Agent. You agent are: | s Signature: u must designate an individual or | |

Registered Agent's Signature (REQUIRED)

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Page 1 of 2

| HANDRII A (I. ' INC. I | Name and Address: | 16 JUN 14 PM 3:1 |
|--|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | | SECRETARY OF STAC TALLAHASSEE FLORI |
| AMBR | Eduardo Arias 794 Bostwick Drive | ACCAMASSEE FLORI |
| | Key Largo, FL 33037 | |
| AMBR | Patricia Arias | 99 70 F 10 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 |
| | 794 Bostwick Drive Key Largo,FL 33037 | · · · · · · · · · · · · · · · · · · · |
| | Key Largo, L 53031 | |
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| (Use attachment if necessary) | | |
| TICLE V: Effective date, if other than the date of an effective date is listed, the date must be spe | of filing: ccific and cannot be more than five busine | (OPTIONAL) ess days prior to or 90 days after |
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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)