

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 : VCORP SERVICES, LLC

Account Number : I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. TCA Aerospace LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TCA Aerospace I	LLC			
(Must e	nd with the words "Limited Lis	ability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal offic	ce of the Limiter	d Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
	atry Club Drive, Suite 101	199	50 West Country Club Drive, Suite 101	
	Agent, Registered Office, & 1	Registered Age		
ARTICLE III - Registered The Limited Liability Comp mother business entity with	Agent, Registered Office, & 1	Registered Agent.	nt's Signature: You must designate an individual or	
RTICLE III - Registered . The Limited Liability Comp nother business entity with	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.)	Registered Agent.	nt's Signature: You must designate an individual or	16
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ARTICLE III - Registered and the Limited Liability Companother business entity with	Agent, Registered Office, & I any cannot serve as its own Re an active Plorida registration.) eet address of the registered ag Vcorp Services, LLC N 5011 South State Road	Registered Agent. sent are: lame 7, Suite 106	nt's Signature: You must designate an individual or	- P 94

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..

(CONTINUED)

Registered Agent & Signature (REQUIRED)

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<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	141. ID 1
MGR	Michael Fasci
	19950 West Country Club Drive, Suite 101 Aventura, FL 33180
	Avenura, FL 33160
MGR	Alyce Schreiber
	19950 West Country Club Drive, Suite 101
	Aventura, FL 33180
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