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PICK-UP	☐ WAIT	, MAIL
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Certified Copies	_ Certificates	of Status
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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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1.		Turbo Aviation (CORPORATE NAME AND DOCUMEN	on Parts and Components, LLC	,
2.		(CORPORATE NAME AND DOCUME)	AFNT#)	
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ARTICLE I - Name	:	OKPLORIDA LIMITED LIABILITY COMPANY SECRETARY (FIX FIX APA 1 1 APA 1 1 APA
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Turbo Aviation Parts and Co	omponents, LLC	
,	(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr	'ess:	
The mailing address a	and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Add	tress: M	lailing Address:
13762 W. State Road 84, #2	265	13762 W. State Road 84, #265
ARTICLE III - Regi (The Limited Liability another business entit	istered Agent, Registered Off y Company cannot serve as its ty with an active Florida registr	Davie, FL 33325 Tice, & Registered Agent's Signature: Down Registered Agent. You must designate an individual or ration.)
ARTICLE III - Regi The Limited Liability another business entit	istered Agent, Registered Off y Company cannot serve as its ty with an active Florida registr rida street address of the regist	Davie, FL 33325 Tice, & Registered Agent's Signature: Down Registered Agent. You must designate an individual or ration.)
ARTICLE III - Regi (The Limited Liability another business entit	istered Agent, Registered Off y Company cannot serve as its ty with an active Florida registr rida street address of the regist Registered Agents Inc.	Davie, FL 33325 Tice, & Registered Agent's Signature: Down Registered Agent. You must designate an individual or ration.)
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(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

"AMBR" = Manager Maria Corredor 13762 W. State Road 84, 8265 Davie, Ft. 33325 AMBR Maria Cadavid 13762 W. State Road 84, 8265 Davie, Ft. 33325 (Use attachment if necessary) E. V. Effective date, if other than the date of filing: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) E. VI. Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Amanda J. Beren Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.30.00 Certificate of Status (Optional)	Title:		Name and Address:	
Maria Corredor 13762 W. State Road 84, #265 Davie, Ft. 33325 AMBR Maria Cadavid 13762 W. State Road 84, #265 Davie, Ft. 33325 Maria Cadavid 13762 W. State Road 84, #265 Davie, Ft. 33325 Maria Cadavid 13762 W. State Road 84, #265 Davie, Ft. 33325 EV: Effective date, if other than the date of filing: (OPTIONAL) Evicetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) EVI: Other provisions, if any. REQUIRED SIGNATIFIE: Jignature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Amanda J. Beren Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional) \$5.0.00 Certificate of Status (Optional)		d Member	una coute 635.	
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