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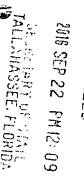
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V **HERRING** SEP 2 3 **2016**

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Air Craft Acce	Sories Parts Solutions 220 Historians
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Arcely	Penichet Jame of Person
F	Sirm/Company
10661 NW 21	Address
Pembroke Pin City/s Arcely Penichet E-mail address: (to be used for	State and Zip Code Squall. Com future annual report notification)
For further information concerning this matter, please cal	
Arcely Penichet at (30 Name of Person Area (5) 206 - 003 4 Code Daytime Telephone Number
Enclosed is a check for the following amount:	E\$
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional 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

Arcrast Accessories & Pa

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

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1066) NW 21 Ct. Pembroke Pines, Fl 33026	Same
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenther business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Arcely Fenice	het
10661 NW 21 C Florida street address (P.O. Box)	NOT accentable)

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)

Page 1 of 2

2016 SEP 22 PM 12: 09

Citle:		to manage and control the Limited Liability Companies Name and Address:	
AMBR" = Authorized Member MGR" = Manager		IALL	AHASSEE. F
		49	
MBR		1 D 1 L	
1 1 6 1 T		106 6T NW 21 Ct	
		Pembroko Pines H. 33	026
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		45-28-1	
Use attachment if necessary) CV: Effective date, if other than the ctive date is listed, the date must be	e date of filing	g: 09-19-2016. (OPTIONAL	L) o or 90 days afte
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