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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | egistration Section vision of Corporations | | |
|----------------|---|------------------|---|
| SUBJECT | JulietTango Aviation | | |
| SUBJECT | | imited Liabili | ty Company |
| The enclose | ed Articles of Organization and fee(s) a | are submitted | for filing. |
| Please retu | rn all correspondence concerning this r | natter to the fo | ollowing: |
| | Jacob Tishman | | |
| | | Name of | Person |
| | | Firm/Cor | npany |
| | 1660 Sweetwater West Circle | | |
| | | Addre | 88 |
| | Apopka, FL 32712 | | |
| j | ake.tishman@gmail.com | City/State and | I Zip Code |
| _ | E-mail address: (to be use | ed for future as | nnual report notification) |
| For further in | formation concerning this matter, plea | se call: | |
| | Jacob Tishman at (| 407 | 462-3413 |
| | · · · · · · · · · · · · · · · · · · · | 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 | Certifie | O Filing Fee & \$160.00 Filing Fee, d Copy 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 |



September 21, 2016

JACOB TISHMAN 1660 SWEETWATER WEST CIRCLE APOPKA, FL 32712

SUBJECT: JULIETTANGO AVIATION, LLC

Ref. Number: W16000065329

We have received your document for JULIETTANGO AVIATION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 OF ARTICLES ARE MISSING.

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.

Letter Number: 016A00020324

TANYA L HENDERSON Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: DeliceTango Aviation, LLC IAL I | ARTICLE I - Name: | | | | FILI | ED |
|--|---|--|---|--|--|----------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Malling Mallin | | Company is: | | | 2016 OCT -3 | PH 3: 59 |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: | | | iability Compar | ny, "L.L.C.," or "LLC.")\ | SELAT AND | |
| 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: Jacob Tishman | ARTICLE II - Address: | | | ~ | , | |
| 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: Jacob Tishman | <u>Principal</u> | Office Address: | | Mailing Add | lress: | |
| (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: Jacob Tishman | | Circle | | | | |
| Name 1660 Sweetwater West Circle Florida street address (P.O. Box NOT acceptable) Apopka, FL 32712 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 turn familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. | (The Limited Liability Company c another business entity with an ac | annot serve as its own R tive Florida registration. Idress of the registered a | egistered Agent) | | ndividual or | |
| Florida street address (P.O. Box NOT acceptable) Apopka, FL 32712 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 further agree to comply with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S | | | Name | | | |
| Apopka, FL 32712 City State Zip daving 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 sum familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S | | 1660 Sweetwater West | Circle | | | |
| City State Zip Idaving 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. | | Florida street address (| P.O. Box NOT | acceptable) | | |
| daving been named as registered agent and to accept service of process for the above stated limited liability company at the blace 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 | | Apopka, FL 32712 | | | | |
| 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 sum familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S | | City | State | Zip | | |
| (CONTINUED) | place designated in this certificate, I further agree to comply with the pro | hereby accept the appoint visions of all statutes related actions of my position as Register | ntment as registerating to the proper registered agen | ered agent and agree to ac er and complete performan t as provided for in Chapte ature (REQUIRED) | t in this capacity nce of my duties, an | I |

Page 1 of 2

| Use attachment if necessary) 5. V: Effective date, if other than the date of filing: | Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|--|
| 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. Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) | "MGR" = Manager | Jake Tishman 1660 Sweetwater Apapha, FL 32712 |
| 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. Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) | | |
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| ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 f filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. E. VI: Other provisions, if any. 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. Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | (Use attachment it necessary) | |
| 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. 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) | E V: Effective date, if other than the datective date is listed, the date must be sof filing.) the date inserted in this block does not | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not |
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-