

L16000212148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300292146883

11/12/16--01019--092 **121.00

RECEIVED
16 NOV 22 AM 11:05
CIVIL SERVICE DIV

RECEIVED
16 NOV 22 AM 10:51
CIVIL SERVICE DIV

RECEIVED
16 NOV 22 AM 11:36
CIVIL SERVICE DIV

C. GOLDEN
NOV 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AERONYDE TECHNOLOGIES, LLC

Name of Limited Liability Company

16 NOV 22 AM 11:08

RECEIVED
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM H. CRAWFORD

Name of Person

THOMPSON, CRAWFORD & SMILEY

Firm/Company

1330 THOMASVILLE ROAD

Address

TALLAHASSEE, FLORIDA 32303

City/State and Zip Code

william@tcslawfirm.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Crawford

850

386-5777

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional 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

APPROVED
FILED

16 NOV 22 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AERONYDE TECHNOLOGIES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1575 Paul Russell Road
Unit 802
Tallahassee, Florida 32301

Mailing Address:

1575 Paul Russell Road
Unit 802
Tallahassee, Florida 32301

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:

Edgar A. Munoz

Name

1575 Paul Russell Road, Unit 802

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

Florida

32301

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 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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

16 NOV 22 AM 11:03

SECRET
TALLAHASSEE
FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Edgar A. Munoz

8715 Cambridge Pointe Lane

Orlando, Florida 32829

MGR

Alexander C. Bilous

2747 W Eunice Drive

Citrus Springs, Florida 34433

MGR

Danny Chung

1575 Paul Russell Road

Tallahassee, Florida 32301

MGR

Guy Newman

1911 5th Street North

St. Petersburg, Florida 33704

MGR

Trevor J. Ragno

1948 Deerview Place

Longwood, Florida 32750

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

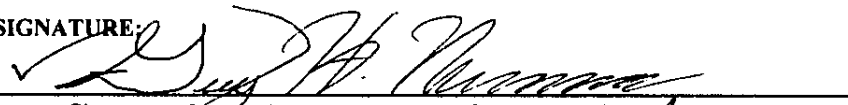
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Managers may be appointed, removed or replaced pursuant to the Operating Agreement.

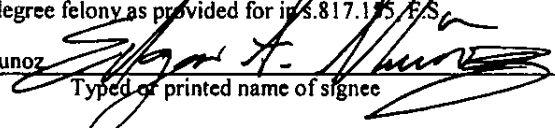
REQUIRED SIGNATURE:



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.817.175, F.S.

Edgar A. Munoz


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)

\$ 5.00 Certificate of Status (Optional)