Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

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Email	Address):	 	 	

FLORIDA LIMITED LIABILITY CO. AW AVIATION LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	1e:			
The name of the Lin	mited Liability Co	ompany is: Must a	end with the words "Limit	ed Lighility Comp

AW Aviation LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

903 Cypress Grove Dr. Apt. 206 Pomparo Beach, Fl. 33069

ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)

William Pacanins - 903 Gypress Grow Dr. Apt 206 Pamparo Beach R1, 33069

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Required Signatures:

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 8.817.155, F.S.

Typed or printed name of signee

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 fin Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

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