Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Fax Number : (305)633-9696

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Emark Address:

FLORIDA LIMITED LIABILITY CO. THOR AERONAUTICS GROUP LLC

0
03
\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	NAUTICS GROUP LLC	_		アプル 抗づき	
(Mus	t contain the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address:	rect address of the principal	office of the Limite	l Liability Company is:	 -	
	incipal Office Address:		Mailing Addres	S S :	;
7925 CALINDE TRINITY, FL 3	RA COURT 4653	SAI			
another business entity with The name and the Florida st	n an active tribulga (egistrati	d agent are:	nt's Signature: You must designate an indiv	idual or	
	7925 CALINDRA C	_			
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)		
	TRINITY	FL	34655		
	City	State	Zip		•
irther agree to comply with the	te provisions of all statutes re e obligations of my position	ભાગામાં છે. ૧૬૬છામાં છે. મુખ્યાન માટે	above stated limited liability d agent and agree to act in the und complete performance of s provided for in Chapter 60: The (REQUIRED)	tis capacity, I	<u>. 17</u>

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	T
MGR	MARIANA T PINA-MORALES
·	7925 CALINDRA CT ARTICLES
	TRINITY, FL 34655
MGR	RUBEN J PINA MORALES
	7925 CALINDRA CT
•	TRINITY, FL 34655
	·
	·
EV: Effective date if other than the date	of filing: (OPTIONAL)
E V: Effective date, if other than the date of crive date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any, IPANY IS ORGANIZED FOR ANY LEG	eet the applicable statutory filing requirements, this date will not state in the seconds.
of filing.) the date inserted in this block does not me nent's effective date on the Department of EVI: Other provisions, if any	eet the applicable statutory filing requirements, this date will not state in the seconds.
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any. MPANY IS ORGANIZED FOR ANY LECTY COMPANY MAY BE ORGANIZED. REQUIRED SIGNATURE: Signature of a memitation of the comment is executed I am aware that any false in	ret the applicable statutory filing requirements, this date will not state is records. GAL AND LAWFUL PURPOSE FOR WICH A LIMITED PRUSUANT TO THE ACT. PRUSUANT TO THE ACT. Der or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any. MPANY IS ORGANIZED FOR ANY LECTY COMPANY MAY BE ORGANIZED. REQUIRED SIGNATURE: Signature of a memitation of the department of a memitation of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the constitutes a third degree ferman and the date of the date of the constitutes a third degree ferman and the date of the	ret the applicable statutory filing requirements, this date will not state is records. GAL AND LAWFUL PURPOSE FOR WICH A LIMITED PRUSUANT TO THE ACT. PRUSUANT TO THE ACT. Deter or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.

ARTICLE IV-

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