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To:

Division of Corporations

Fax Number

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. AERO STEAMERS, LLC

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

SECRETARY OF STATE

Help

PAGE P.002

02/03

305 266 5758

VIGO & VIGO, LLP MAR-07-2018 14:36

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	e 1 - Name: of the Limited Lish	ility Company is:				
AERO	STEAMERS,	LFC				
	(Must ca	ed with the words "Li	mited Liability C	оправу, "Л.С.	," or "LLC.")
ARTICLE	E II – Address:					

Mailing Address:

Principal Office Address: 2125 ALAMANDA DR SAME NORTH MYAMT, FL. 33181

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

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:

MARCELO R.NOTAR	
2125 ALAMANDA D	R
lorida street address (P.O. B	lox <u>NOT</u> acceptable)
NORTH MIÅMI	Ft 33181
City	Zip

Having been named as registered agent and to uggest service of process for the above stated limited liability company at the place designated in this certificate, I nately accept the appointment as registered agen; and agree to act in this capacity. I further agree to comply with the provisions of all statutus 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.

s Signature (REQUIRED)

(CONTINUED)

Page 1 cf2

LAZARUS CORPORATE PAG 305 266 5758 P.UUS PAGE 03/03

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	GERVASIO DAMBORIARENA
AMBR	2125 ALAMANDA DR
-	NORTH MIAMI, FL 33181
AMBR	PATRICIA DAMBORIARENA
	2125 ALAMANDA DR
	NORTH MIAMI, FL 33181 1
AMBR	MARCELO R.NOTAROBERTO
	2125 ALAMANDA DR
	NORTH KTANI, FL 33181
	·
(Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.)	of filing: (OPTIONAL) reific and cannot be more than five business days prior to or
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E.V: Effective date, if other than the date etive date is listed, the date must be spe fulling.) E.VI: Other provisions, if any.	of filing:(OPTIONAL) reific and cunnot be more than five business days prior to or
EV: Effective date, if other than the date etive date is listed, the date must be specification. EOURED SIGNATURE: Signature of a men (Inaccordance with section 605) constitutes an affirmation under I am aware that any false inform	of filing:

Page 2 of 2