

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L18000100687  
FILED 8:00 AM  
April 23, 2018  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:

AVIATIONX LLC

**Article II**

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

3150 AIRMANS DRIVE  
FORT PIERCE, FL. US 34946

The mailing address of the Limited Liability Company is:

11620 SW 10TH ST  
PEMBROKE PINES, FL. US 33025

**Article III**

The name and Florida street address of the registered agent is:

ELIZABETH A CID  
11620 SW 10TH ST  
PEMBROKE PINES, FL. 33025

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.

Registered Agent Signature: ELIZABETH A CID

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ELIZABETH A CID  
3150 AIRMANS DRIVE  
FORT PIERCE, FL. 34946 US

Title: AMBR  
ALFONSO N CRUZ  
3150 AIRMANS DRIVE  
FORT PIERCE, FL. 34946 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

04/20/2018

Signature of member or an authorized representative

Electronic Signature: ELIZABETH A CID

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.