Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104562003400 Phone : (516)935-3940

Fax Number : (800)293-4075

T COLLINS

MAY 0 2 2018

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NOVA1976@AOL.COM

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FLORIDA LIMITED LIABILITY CO

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

May 1, 2018

SUBJECT: AIRWAY SOUTH LLC

REF: W18000040453

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document # F12000001650.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H18000135498 Letter Number: 718A00008883

P.O BOX 6327 - Tailahassee, Florida 32314

H18000135498 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
AIRWAY CLEANERS SOUTH 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: Mailing Address:
C/O STEVEN HELLER ESQ 570 LONG ISLAND AVE DEER PARK, NY 11729  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 unother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Hubco Registered Agent Services, Inc. Name
155 Office Plaza Drive, Suite 1 Florida street address (P.O. Box NOT acceptable)
Tallahassee Ft 32301 City 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)
Bruce B. Hubbard, President

(CONTINUED)

Page 1 of 2

H18000135498 3

effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft te of filing.)	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of include of the prevailed of prior an authorized reproductative of a member.  (In accordance with section 605 0203 (1) (b), Florida Staules, the execution of this document constitutes at all firmation under the penalties of perjuy with the facts stated herein are true. I am aware that any false information submitted in a thoughout to the Department of State constitutes a little degree felony as provided for in s 817.155, F.S.)  FREDERICK CATANESE	### FREDERICK CATANESE  2917 SOUTH OCEAN BLVD #301  HIGHLAND BEACH, FLORIDA 33487  [Use attachment if necessary]  CLE V: Effective date, if other than the date of filing:  Precrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:    Signature of Interior of an authorized representative of a member. (In accordance with section 605,003 (1) (b), Florida Sprules, the execution of this document constitutes as affurmation under the penalties of perjuy that the facts stated herein are true. I am aware that any false information submitted in a discussion to the Department of State constitutes a third degree felony as provided for in a 817,155, F.S.)  FREDERICK CATANESE	<u>Title:</u>	Name and Address:
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