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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(B	susiness Entity Name	e)
(C	Ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	o Filing Officer:	

Office Use Only

MAY 2 4 2018

T. SCOTT



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05/21/18--01028--030 **150.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: U.S. AIR LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
StEVE ETIENNE Name of Person
Name of Person
U.S. AIR DIEC
Firm/Company
GGION.W. 23 STEET
Address
MARGATE FL 33063 City/State and Zip Code USAIr condition Regmail. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Stienne 11 954 371-3497
Steve Stienne at (954) 371-3497 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address New Fillian Services
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

U.S. AiR	LLC
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

•	•	
STEVE 8	tienns	<u>-</u> -
	Vame	
6610 N.	V. <u>23</u>	rd Street
Florida street address (P.O. Box <u>NOT</u>	acceptable)
MArgAtE	FL	33063
City	State	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)

(CONTINUED)

018 MAY 21 PM 12: 24

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Steve Etienne-MGR	Steve Etienns (610 N.W. 2314 ST MACGATE, PL 33063
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of fili If an effective date is listed, the date must be specific he date of filing.) Note: If the date inserted in this block does not meet the	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as ate's records.
ARTICLE V: Effective date, if other than the date of filing if an effective date is listed, the date must be specific he date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of Stankarticle VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the date of filing in an effective date is listed, the date must be specific he date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of Stankarticle VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as ate's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)