Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : KOUTOULAS & RELIS, LLC

Account Number : 120070000005 Phone : (954)332-1345 Fax Number : (954)332-1346

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

Email Address: info D Kryas, US

FLORIDA LIMITED LIABILITY CO.

Aviaura Consulting, LLC

Certificate of Status	1
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Page Count	04
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Mar/19/2019 4:25:47 PM Koutoulas & Relis, LLC 954-332-1346 Cox Audit: Ht 4000041841 5

COVER LETTER

	New Filing Section Division of Corporations			
cuning	Aviaura Consulting, LLC			
SUBJEC	Name	of Limited Liabi	lity Company	
The enclo	osed Articles of Organization and fe	e(s) are submitted	d for filing.	
Please rei	turn all correspondence concerning	this matter to the	following:	
	Steven Relis CPA			
		Name o	f Person	
	Koutoulas & Relis LLC			
		Firm/C	ompany	
	1776 N Pine Island Rd Ste 316			
	Address			
	Plantation FL 33322			
	info@krepas.us	City/State a	nd Zip Code	
	E-mail address: (to b	e used for future	annual report notification)	
For further	information concerning this matter	, please call:		
	Steven L Relis CPA	954 at (332-1345	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amoun	<u>ני</u>		
]\$ 125.00	Filing Fee \$130.00 Filing Fe Certificate of Sta	nıs LLCertii	\$160.00 Filing Fee, fied Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallalassee, FL 32301	

Fax : Audit: 419 0000 9187 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FOR Aviaura Consulting, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aviaura Consulting, LLC

ARTICLE II - Address:

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

C/o Koutoulas Relis 1776 N Pine Island Road #316 Plantation, Florida 33322

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Steven Relis, Koutoulas & Relis, LLC 1776 N Pine Island Road #316 Plantation, Florida 33322

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 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

(An additional article must be added if an effective date is requested)

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Article V - Managing Members (Optional)

The initial managing-members are:

Laura Santucci 1776 N Pine Island Road #316 Plantation, Florida 33322

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Laura Santucci

Typed or printed name of signee