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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 062971 COST LIMIT : ORDER DATE: November 25, 2019 ORDER TIME : 10:03 AM ORDER NO. : 062971-005 CUSTOMER NO: 7709593 DOMESTIC FILING NAME: 2019 B717 TEN AIRCRAFT, LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

	iew Filing Se- Pivision of Co			
SUBJECT		Ten Aircraft, LLC		
30bs EC 1	' · <u></u>	Name of L	imited Liability Company	
The enclos	sed Articles of	Organization and fee(s)	are submitted for filing.	
Please retu	ırn all corresp	ondence concerning this :	matter to the following:	
	Mason P. Ca	auff		
			Name of Person	
			Firm/Company	
	5500 North	Military Trail, No. 447		
			Address	
	Boca Raton,	FL 33496		
-	[3	E-mail address: (to be use	City/State and Zip Code - G Ly . Com d for future annual report notificate	ion)
For further in	nformation co	ncerning this matter, plea	se call:	•
	Mason P. Ca	uff at (_	365) 7427 E Area Code Daytime Telephon	75 [°]
	Nair	e of Person	Area Code Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:		
□\$125.00	Filing Fce	■\$130.00 Filing Fee & Certificate of Status	©\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section	Street Address	
	Divisio	on of Corporations	New Filing Section Division of Corporation	ons
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ĸ	į۱
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The name of the Limited Liability Company is:

2019 B717 Ten Aircraft, LLC

(Must conatin 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:

5500 North Military Trail, No. 447	5500 North Military Trail, No. 447
Boca Raton, FL 33496	Boca Raton, FL 33496

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:

<u>-</u>	Name	
20807 Biscayne Blv	d., Suite 100	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Aventura	FL	33180
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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
-	Manua D. Causs
AMBR	Mason P. Cauff 5500 North Military Trail, No. 447
	Boca Raton, FL 33496
MGR	Brent Sibley 20807 Biscavne Blyd Suite 100
	Aventura, FL 33180
(Use attachment if necessary)	
ADTICLE DAY COM	
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: 1	
MES STATE ORE.	
/	$\langle \gamma \rangle$
Signatufe of	a member or an authorized representative of a member.
I am aware that any	executed in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State
constitutes a third of	legree felony as provided for in s.817.155, F.S.
Bren	
D.C.	Typed or printed name of signee
	- Mr or beaution to alkine or alkine

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)