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N CULLIGAN FEB 6 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 170569 8941A
AUTHORIZATION: Spellelle man
COST LIMIT : \$ 125.00
ORDER DATE : February 5, 2020
ORDER TIME : 10:0 AM
ORDER NO. : 170569-005
CUSTOMER NO: 8941A
DOMESTIC FILING
NAME: WABASH AVIATION, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT.
CONTACT TENSON. Radesha Robetson - EAT.

EXAMINER'S INITIALS:

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 FEB -5 PM 12: 27

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The name of the Limited Liability Company is:

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THILL, HALL	UES	. FL	

	WA	BASH	AVIATION.	LLC
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(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:
3321 S Andrews Avenue	2101 N. Andrews Avenue
Suite 20	Fort Lauderdale, FL 33311
Fort Lauderdale FL 33316	

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

Bruce D. Green

(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:

Bruce D Green		
	Name	
1313 S. Andrews Avenue	.	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
Fort Lauderdale	FL	33316
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..

By /s/ Bruce D. Green

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	
AMBR	Robert Chadwick Moss
	3321 S Andrews Avenue, Suite 20
	Fort Lauderdale FL 33316
	;n
AMBR	Scott R. Moss
	3321 S Andrews Avenue, Suite 20
	Fort Lauderdale FL 33316
AMBR	Bobby Lee Moss
11111111	3321 S Andrews Avenue, Suite 20
	Fort Lauderdale FL 33316
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e of filing.)	est be specific and cannot be more than five business days prior to or 90 days a nes not meet the applicable statutory filing requirements, this date will not be list partment of State's records.
DEGLIDED SIGNATURE	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	/s/ Robert Chadwick Moss
Signature This document I am aware that	/s/ Robert Chadwick Moss e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
Signature This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
Signature This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

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)