## Electronic Filing Cover Sheet

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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

| Email Add | res | 5 : |  |
|-----------|-----|-----|--|
|-----------|-----|-----|--|

FLORIDA LIMITED LIABILITY CO. ECO AVIATION, LLC.

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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| ARTICLESO   | ONGLANIZATION FO        | RFLORIDALI      | MITED LIABILITY COMPANY  |
|---|-------------------------|-----------------|--|
| ARTICLE I - Name:   |                         |                 |  |
| The name of the Limited Liabilit  | y Company is:           |                 |  |
| ECO AVIATION, L   | LC.                     |                 |  |
|   |                         | Liability Con   | npany, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:   |                         | -               |  |
| The mailing address and street a  | ddress of the principal | office of the L | imited Liability Company is:                                       |
| Priocip   | a) Office Address:      |                 | Mailing Address:   |
| Frank Mata  |                         | <u> </u>        | 115 NW 128 Avenue, Miami, FL 33182                                 |
|   |                         |                 |  |
| ARTICLE III - Registered Age<br>(The Limited Liability Company<br>another business entity with an a | cannot serve as its ow  | n Registered A  | d Agent's Signature:<br>agent. You must designate an individual or |
| The name and the Florida street a   |                         |                 |  |
|   | Estefano Law, P.A.      |                 | •  |
|   |                         | Name            |  |
|   | 1600 Ponce de Leor      | Blvd., Suite    | 804 .  |
|   | Florida street addre    |                 |  |
| •   | Coral Gables            | FL              | 33134  |

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 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)

State

City

| "AMBR" = Anthorized Member   | Name and Address:   |
|--|---|
| MGR" = Manager   |   |
| HMBK   | Frank Mata  |
|  | 115 NW 128 Avenue   |
|  | Miami FL 33182  |
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| CV: Effective date, if other then the da<br>ctive date is listed, the date must be a<br>f filing.)   | the of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 d   |
| f filing.)  the date inserted in this block does not need to effective date on the Department.   | specific and cannot be more than five business days prior to or 90 d  |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not be date inserted in this block does not be determined.  | specific and cannot be more than five business days prior to or 90 d  |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not cost's effective date on the Department VI: Other provisions, if any.   | specific and cannot be more than five business days prior to or 90 d<br>t most the applicable statutory filing requirements, this date will not but of State's records.   |
| E.V: Effective date, if other than the date tive date is listed, the date must be a filling.) the date inserted in this block does not cost's effective date on the Department. E.VI: Other provisions, if any.  REQUIRED SIGNATURE  Signature of a second cost of the date of the date.   | t meet the applicable statutory filing requirements, this cate will not but of State's records.   |
| EV: Effective date, if other than the date strive date is listed, the date smust be a filling.) the date inserted in this block does not sent's effective date on the Department. EVI: Other provisions, if any.  Signature of a comment is executed and against that any factors.   | specific and cannot be more than five business days prior to or 90 d<br>t most the applicable statutory filing requirements, this cate will not b<br>nt of State's records.   |
| CV: Effective date, if other than the date crive date is listed, the date must be a filing.) the date inserted in this block does not sent's effective date on the Department. CVI: Other provisions, if any.  Signature of a constitute of the date of a constitutes a third degree of the constitutes at the constitutes a third degree of the constitutes at th | member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes. the information submitted in a document to the Department of State rece felony as provided for in a.817.155, F.S. |
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