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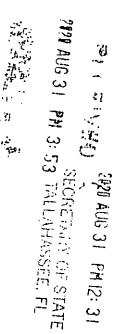
(Requestor's Name)	_
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COVER LETTER

	ew rung Secivision of Cor					
SUBJECT		viation LLC				
NO DATE 1		Name	of Lim	ited Liabil	ity Company	
The enclose	ed Articles of	Organization and fee	:(s) are	submittee	l for filing.	
Please retur	n all correspo	ondence concerning t	his mat	tter to the	following:	
	Charlene Me	eks				
				Name of	Person	
	Business Avi	iation Law Group				
				Firm/Co	impany	
	631 US Hwy	1, Ste 410				
				Addr	ress	
	West Palm B	euch, FL 33408				
Ų	entities@balav	veroup com	Ci	ty/State an	d Zip Code	
_			used (for future (unnual report notificati	on)
or further in	iformation coi	neerning this matter,	please	cali:		
,	Charlene Mee		888	ŝ	661-3223	
-	Name	e of Person		ea Code	Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:				
≣\$125.00	Filing Fee	□S130.00 Filing F Certificate of State		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	IS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio	g Address ling Section n of Corporations ox 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

2020 AUG 31 PM 12: 31

SECRETAIN OF STATE TALLAMASSEE, FL

Brendom Aviation LLC

(Must contain the words "Limited Liability Company, "L.L.C." or "LLC")

	Principal Office Address:		Mailing Address:
8600 SW 52	·-· · · · · · · · · · · · · · · · · · ·		SW 52 Avenue
Miami, FL 3.	3143	<u>Miar</u>	ni, FL 33143
The Limited Liability C nother business entity v	red Agent, Registered Office, on one of the own with an active Florida registration a street address of the registered	Registered Agent. \ n.)	t's Signature: 'ou must designate an individual or
The Limited Liability C nother business entity v	ompany cannot serve as its own with an active Florida registration	Registered Agent. \ n.)	
The Limited Liability C mother business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered Domingo R. Moreira	Registered Agent. \ n. \ agent are: Name	ou must designate an individual or
The Limited Liability C mother business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered Domingo R. Moreira 8600 SW 52 Avenue	Registered Agent. \ n. \ agent are: Name	ou must designate an individual or

Domingo R. Moreira
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific and date of filing.)	SECRETAL ARASSET, FL
FIGLE V: Effective date, if other than the date of filing in effective date is listed, the date must be specific and date of filing.) E: If the date inserted in this block does not meet the document's effective date on the Department of State	SECRETADY OF STATE
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·	d cannot be more than five business days prior to or 90 day applicable statutory filing requirements, this date will not be
	
DEALINED CLESS ATUND	
REOUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)