La occusa 9731

(Requestors Name)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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TALLAHASSEE, FL



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1 : A		e, Tallahassee, Florida 3231. 0) 656-4724	* 2
DATE 09/30/2020			**WALK IN
entity name <u>ALT</u>	ITUDE AIR, LLC		
DOCUMENT NUMB	ER		
	PLEASE FILE THE	ATTACHED AND RETURN	
	Plain Copy		* * *
XXXX	Certified Copy		
XXXX	Certificate of Status		
	PLEASE OBTAIN THE FO	LOWING FOR THE ABOVE ENTIT	74
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COVER LETTER

TO:	New Filing Section
	Division of Corporations

ALTITUDE AIR, LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEE PERSHAN

Name of Person

ROBINSON BROG LEINWAND GREENE GENOVESE & GLUCK

Firm/Company

875 Third Avenue

Address

New York, New York 10022

City/State and Zip Code

lsp@robinsonbrog.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Filing Fee

S	١	2	5	.0	0

S130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



SECRETAX 10F STATE

TALLAHASSEE, FL

2020 SEP 3U AH ID: 07 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALTITUDE AIR, LLC

(Must contain 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:
3500 NW Boca Raton Blvd., Suite 717	3500 NW Boca Raton Blyd., Suite 717
Boca Raton, Florida 33431	Boca Raton, Florida 33431

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:

Dan Levitin		
	Name	
3500 NW Boca Rate	on Blvd., Suite 717	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Boca Raton	Florida	33431
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. Thereby 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)

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

"AMBR" = Authorized Member			
"MGR" = Manager MGR	Shai Levitin		
	3500 NW Boca Raton Blvd., Suite 717 Boca Raton, Florida 33431		
MGR	Eran Levitin	2020 SEC	
	3500 NW Boca Raton Blvd., Suite 717 Boca Raton, Florida 33431	ecre	i [
MGR	Dan Levitin 3500 NW Boca Raton Blvd., Suite 717	P 30	
	Boca Raton, Florida 33431		
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(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> 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 Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED	SIGNATURE:
	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	DAN LEVITIN
	Typed or printed name of signee

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)