20000335010

equestor's Name)	
ddress)	
ddress)	
ty/State/Zip/Phone	e #)
☐ WAIT	MAIL
usiness Entity Nar	me)
ocument Number)	
Certificates	s of Status
Filing Officer:	
	ddress) ty/State/Zip/Phone WAIT usiness Entity Narr ocument Number) Certificates

Office Use Only



900354524099

Ę.

2020 OCT 30 AM 9:

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/30/20

NAME: ISO AVIATION, LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	New Filing Sec Division of Cor					
elib irc	т.		ISO AVIA	ATION, L	LC	
SUBJEC	1;	Nam	e of Limit	ed Liabili	ty Company	
The enclo	sed Articles of	Organization and t	ee(s) are s	ubmitted	for filing.	
Please ret	urn all correspo	ondence concerning	this matte	er to the fe	ollowing:	
			YC)LANDA	ROBINSON	
				Name of	Person	
				ATC		
				Firm/Cor	mpany	
			4020 \	w Goeli	LER BLVD, STE B	
				Addro	ess	
			CO	LUMBUS	5, IN 47201	
			-		l Zip Code D-LINK.COM	
	1	E-mail address: (to			nnual report notificati	on)
For further	information co	ncerning this matte	r, please c	all:		
	YOLANDA	ROBINSON	81 at (_	342-9589	
	Nam	e of Person	_ `	a Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amou	it:			
□\$125.0	0 Filing Fee	□\$130.00 Filing Certificate of St	atus	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	g Address iling Section on of Corporations			Street Address New Filing Section Di The Centre of Tallaha	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 OCT 30 AM 9: 54 SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I -	Name:
-------------	-------

The name of the Limited Liability Company is:

ISO AVIATION, 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:8833 PERIMETER PARK BLVD, STE 8048833 PERIMETER PARK BLVD, STE 804JACKSONVILLE, FL 32216JACKSONVILLE, FL 32216

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:

GOR	DON TERRY	
	Name	
8833 PERIMET	ER PARK BLVD	, STE 804
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
JACKSONVILLE	FL	32216
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..

(CONTINUED)

DTI		
PTI	CI	

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

$\frac{\text{Title:}}{\text{"AMRP"}} = A$	Name and Address; uthorized Member
"MGR" = Mai	
MGR	GORDON TERRY
WW	8833 PERIMETER PARK BLVD, STE 804
	JACKSONVILLE, FL 32216
	
	SECRETATION ALLAMA
	<u> </u>
	SE AN
	——————————————————————————————————————
	<u></u>
	Ltt
an effective date is led date of filing.) ote: If the date insert	edate, if other than the date of filing:
RTICLE VI: Other pr	ovisions, if any.
REQUIRED	SIGNATURE: Docusigned by: Gordon tirry
	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.
	GORDON TERRY
	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)