

581 Page 2 of 4 1020 10:34 AM MT  
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Division of Corrections

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.

**FLORIDA LIMITED LIABILITY CO.**  
**MIA AVIATION SERVICES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MIA AVIATION SERVICES 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:8050 NW 90th STREET  
MEDLEY, FL 33166Mailing Address:8050 NW 90th STREET  
MEDLEY, FL 33166

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ALAN BOYER

Name

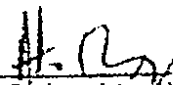
8050 NW 90th STREETFlorida street address (P.O. Box NOT acceptable)MEDLEYFL33166

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.

  
\_\_\_\_\_  
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

MGRALAN BOYER  
8050 NW 90th STREET  
MEDLEY, FL 33166MGRGABRIEL RAMOS  
8050 NW 90th STREET  
MEDLEY, FL 33166

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JAN. 1, 2021 (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.)

**Note:** 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.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (5), 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.ALAN BOYER

Typed or printed name of signer

**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)