

12/1/2020

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Division of Corporations

H20000410621 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H20000410621 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
VOYAGER INTERQUEST LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

*John*  
12/1/20

Electronic Filing Menu

Corporate Filing Menu

Help

H20000410621 3

H20000410621 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VOYAGER INTERQUEST 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:1313 S Andrews Avenue,  
Fort Lauderdale FL 333161313 S Andrews Avenue,  
Fort Lauderdale FL 33316

## 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:

Bruce Green

Name

1313 South Andrews AvenueFlorida street address (P.O. Box **NOT** acceptable)Fort Lauderdale,FL33316

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.*

/s/ Bruce Green

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H20000410621 3

H20000410621 3

#### 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

MGR

CF Aviation Trust, LLC

1313 S Andrews Avenue

Fort Lauderdale Fl. 33316

(Use attachment if necessary)

**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.)

**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:**

/s/ Bruce Green

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.

Bruce Green

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)**

H20000410621 3