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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

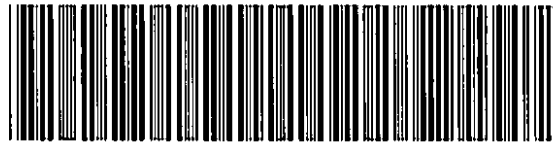
(Business Entity Name)

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2021 MAR -2 AM 11:57

21 MAR -2 PM 2:27

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Regional Fly Consulting & Airparts LLC

Signature \_\_\_\_\_

Requested by: SETH

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

2021 MAR -2 PM 11:57

**ARTICLES OF ORGANIZATION**  
**OF**  
**REGIONAL FLY CONSULTING & AIRPARTS LLC**

These Articles of Organization of REGIONAL FLY CONSULTING & AIRPARTS LLC (the "Company") have been duly executed and are being filed by the undersigned authorized representative of the member to form a Florida limited liability company under the Florida Revised Limited Liability Company Act (Florida Statutes Chapter 605) as follows:

**ARTICLE I**

Name

The name of the limited liability company formed hereby is **REGIONAL FLY CONSULTING & AIRPARTS LLC**.

**ARTICLE II**

Principal Place of Business and Mailing Address

The initial principal place of business address and mailing address of the Company is 2600 S. Douglas Rd, Suite 607, Coral Gables, Florida 33134.

**ARTICLE III**

Registered Agent and Registered Office

The name and the Florida street address of the registered agent and registered office of the Company is Corporate Compliance Agents, Inc., 7901 4<sup>th</sup> ST N, Suite 300, St. Petersburg, Florida 33702.

**ARTICLE IV**

Management

The name and address of the initial Manager is **LUCAS PONCE OCAMPO**, 2600 S. Douglas Rd, Suite 607, Coral Gables, Florida 33134.

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization on the 1<sup>st</sup> day of March, 2021.

By: /s/ Jorge L. Gurian

Jorge L. Gurian, Esq.

Authorized Representative of the Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OF THE FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

The name of the limited liability company is:

**REGIONAL FLY CONSULTING & AIRPARTS LLC**

The name and street address of the Florida registered agent and office are:

CORPORATE COMPLIANCE AGENTS, INC.  
7901 4<sup>TH</sup> ST, SUITE 300  
ST. PETERSBURG, FL 33702

*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 the 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 in Chapter 605, F.S.*

By: /s/ Sandra Sainz  
Sandra Sainz

Date: 3/1/2021