Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000188877 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

: (325)444-4977 Fax Number

\*\*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. PHOENIX AVIATION HOLDINGS, LLC

	Www.comestroneers.com
Certificate of Status	0
Certified Copy	ı
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLURIDALIMITED LIABILITY COMPANY.

ty Company, "L.L.C.," or "L.L.C.")
y administration of the control of
the Limited Liability Company is:
Mailing Address:
P.O. Box 122
Crysial Beach FL 34681
stered Agent's Signature: red Agent. You must designate an individual or
ire:

Name

8200 113th St. , Suite 103

Florida street address (P.O. Box NOT acceptable)

Seminole FL 33772

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.

| Jassica Martin | Registred Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

From: Yanet Avila

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	RussellF. Crump
AMBR:	497 Crystal Beach Ave
	Crystal Beach Ff. 34581
11/22	Jaqueline Cramp
AMBR	497 Crystal Beach Ave
	Caysml Beach FL 34681
**	the state of the s
, , , , h p Pd have the defendable to the control of the con	
(Use attachment if necessary)  TICLE V: Effective date, if other than th	e date of filing:
TICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days af s not meet the applicable statutery filing requirements, this date will not be listen
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 days af s not meet the applicable statutery filing requirements, this date will not be listen
TICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days af s not meet the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any, y and all business purpose.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days af snot meet the applicable statutory filing requirements, this date will not be listed that of State's records.
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any, y and all business purpose.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days af snot meet the applicable statutory filing requirements, this date will not be listed that of State's records.
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any, y and all business purpose.  REQUIRED SIGNATURE:  Signature of this document is a docu	be specific and cannot be more than five business days prior to or 90 days af a mot meet the applicable statutory filing requirements, this date will not be listed that of State's records.  If a member or an authorized representative of a member, exceeded in accordance with section 605,0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any, y and all business purpose.  REQUIRED SIGNATURE:  Signature of this document is a docu	be specific and cannot be more than five business days prior to or 90 days af snot meet the applicable statutory filing requirements, this date will not be listed that of State's records.  Farment of an authorized representative of a member, expected in accordance with section 605,0203 (1) (b). Florida Statutes.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Steam (Co.)

\$ 5.00 Certificate of Status (Optional)