

L21000384562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

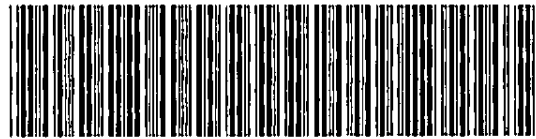
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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J DENNIS

AUG 27 2021

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Kevin L. Simmons  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Simmons  
Name of Person

BLUECUBE Aerospace, LLC.  
Firm/Company

2300 Giralda Circle E #102  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

ksimmons@bluecubesat.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Simmons at ( 904 ) 626-3512  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

AFFIDAVIT

I, Kevin L. Simmons am the owner of the recently dissolved entity, AEROSPACE AND INNOVATION ACADEMY, INC.( N19000001425) and I have no further use of the name. I'm looking to start a limited liability Company with the same name titled, Aerospace and Innovation Academy, LLC.

Name Kevin L. Simmons

Signature

*Kevin L. Simmons*

Date 2021.08.21

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aerospace and Innovation Academy, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1303 Vision Drive

Palm Beach Gardens, FL 33418

Mailing Address:

1303 Vision Drive

Palm Beach Gardens, FL 33418

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:

Kevin L. Simmons

Name

1303 Vision Drive

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

Palm Beach Gardens, FLORIDA 33418

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:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Kevin L. Simmons

2300 Giralda Circle E #102

Palm Beach Gardens, FL 33410

Shawna Christenson

1303 Vision Drive

Palm Beach Gardens, FL 33418

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 26 July 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) (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.

Kevin L. Simmons

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)