

L21000466986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

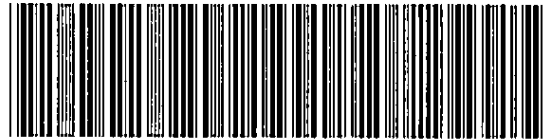
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300375728613

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2021 OCT 28 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 OCT 28 PM 3:58

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 12021000160 AMOUNT: \$160.00

AUTHORIZED SIGNATURE: James R. Full

Apritzo Aerospace, LLC

Business Name

Document Number, (if known):

☒ **Certified copy**

☐ **Certificate of Status**

☐ Pick up time

☐ Will wait

NEW FILINGS

☐ **Profit**

☐ **Not for Profit**

☒ **Limited Liability**

☐ **Domestication**

☐ **Other**

☐ **CORP**

AMMENDMENTS

☐ **Amendment**

☐ **Resignation of R.A.**

Officer/Director

☐ **Change of Registered Agent**

☐ **Dissolution/Withdrawal**

☐ **Merger**

☐ **Correction**

OTHER FILINGS

☐ **Annual Report**

☐ **Fictitious Name**

☐ **APOSTIL ()** _____
Country

REGISTRATION/QUALIFICATIONS

☐ **Foreign filing**

☐ **Limited Partnership**

☐ **Reinstatement**

☐ **Other**

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: APRITZO AEROSPACE, LLC
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:

RAFAEL CERON ROJAS
Name of Person
APRITZO AEROSPACE, LLC
Firm/Company
1700 NW 15TH AVENUE, STE 340
Address
POMPANO BEACH, FL 33069
City/State and Zip Code
rafaelceron@apritzo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL CERON ROJAS 011 57 320-809-3786 (COLOMBIA)
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input 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 checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 OCT 28 AM 9: 35

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

APRITZO AEROSPACE, 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:

1700 NW 15TH AVENUE, STE 340
POMPANO BEACH, FL 33069

1700 NW 15TH AVENUE, STE 340
POMPANO BEACH, FL 33069

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:

INCorp SERVICES, INC.

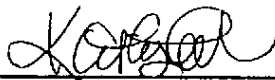
Name

17888 67TH COURT NORTH

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

<u>LOXAHATCHEE</u>	<u>FL</u>	<u>33470</u>
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..



Kathy Shin on behalf of InCorp Services, Inc.

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

Name and Address:

AMBR _____

RAFAEL FERNANDO CERON ROJAS
CALLE 44C #45-53 INT 6 APART 202
BOGOTA, COLOMBIA 111321

(Use attachment if necessary)

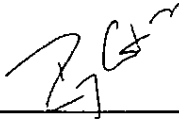
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(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:



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.

RAFAEL FERNANDO CERON ROJAS

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 28 AM 9:35

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