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2022 APR 15 PM 12: 57

COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT: Asset Investment & Management

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:

Danile	o Saintelien		٠				
		Name o	Person				
Aviatio	on Innovation	<u>& Ма</u>	nagement,	LLC			
		Firm/Co	mpany				
7958	Pines Blvd #	<i>‡</i> 491					
		Addı	ess	· · · · · · · · · · · · · · · · · · ·			
Pemb	roke Pines, Fl	_ 330	24				
م المحالم الم			d Zip Code				
<u>danilo@a</u>	aviationinnovation	manag	ement.com			202	
	E-mail address: (to be used neerning this matter, please		innual report notificat	ion)	· · :	20/2 APR 15	
Danilo	Saintelien _{at (} 7	86	, <u>210-0</u> 74	5			:ED
Nam	e of Person Ai	rea Code	Daytime Telephon	e Number		PH 12: 57	
Enclosed is a check for t	he following amount:						
S125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certific	0.00 Filing cate of Sta ed Copy al copy is	atus &	ed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Asset Investment & Management, 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:
7958 Pines Blvd #491	7958 Pines Blvd #491
Pembroke Pines FI	Pembroke Pines FI
33024	33024

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:

Danilo Sainteli	en	
_	Name	 -
7958 Pine	s Blvd#	491
Florida street address	(P.O. Box <u>NOT</u> a	eceptable)
Pembroke Pines	FI FI	33024
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Jee attachment if necessary) V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	
Jse attachment if necessary) V: Effective date, if other than the date of filing:	'MGR" = Manager	
Jise attachment if necessary) V: Effective date, if other than the date of filing:	Manager	Aviation Innovation & Management, LLC
V: Effective date, if other than the date of filing:	,	
V: Effective date, if other than the date of filing:		Pembroke Pines FL 33024
V: Effective date, if other than the date of filing:		
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tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) ne date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: 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. Danilo Saintelien Typed or printed name of signee	Use attachment if necessary)	
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Typed or printed name of signee		
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