

L22000355991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

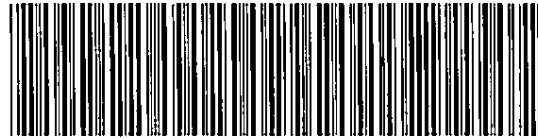
(Business Entity Name)

(Document Number)

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S. CHATHAM  
AUG 15 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 AUG 15 PM 11:17

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2022 AUG 11 PM 3:38  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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2022 AUG 15 PM 12:03

ALLAHASSEE, FL

August 12, 2022

CORPORATE ACCESS, INC.

SUBJECT: AVIOPARTX LLC  
Ref. Number: W22000104157

*Corrected*

We have received your document for and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure the name of the manager is listed on the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 822A00018026

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DIVISION OF CORPORATIONS  
22 AUG 15 PM 11:17

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** AVIOPARTX 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:

CARLOS MENESES

Name of Person

AVIOPARTX LLC

Firm/Company

2751 OCEAN CLUB BLVD APT 203

Address

HOLLYWOOD FL 33019

City/State and Zip Code

BRAVOACCOUNTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

FILED  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
22 AUG 15 PM 11:17

For further information concerning this matter, please call:

CARLOS MENESES      786      208-4983  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVIOPARTX 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:

2751 OCEAN CLUB BLVD

APT 203

HOLLYWOOD FL 33019

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:

CARLOS MENESES

Name

2751 OCEAN CLUB BLVD APT 203

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

HOLLYWOOD

FL

33019

City

State

Zip

22 AUG 15 PM 11:17  
BRIAN J. HARRIS  
STATE  
OF FLORIDA

*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..*

Carlos Meneses

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:**

MBR

CARLOS MENESES  
2751 OCEAN CLUB BLVD APT 203  
HOLLYWOOD FL 33019

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22 AUG 15 PM 11:17  
DEPARTMENT OF STATE  
OFFICE OF SECRETARY

(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:**

*Carlos Meneses*

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.

CARLOS MENESES

Typed or printed name of signer

**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)