

L22 000381967

Florida Department of State

(((H22000303234 3)))

Division of Corporations
Electronic Filing Cover Sheet

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

(((H22000303234 3)))



H22000303234ABCT

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 : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mscheeringa@sar-trilogy.com

FLORIDA LIMITED LIABILITY CO.

Aero Center Tallahassee, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T. SCOTT

SEP - 6 2022

FILED
2022 SEP -2 AM 9:5n
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000303234 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **AERO CENTER TALLAHASSEE, LLC**

ARTICLE II - Address:

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

Principal Office / Mailing Address:

2200 S. Ocean Lane, #2806
Ft. Lauderdale, FL 33316

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

S. Michael Scheeringa

Name

2200 S. Ocean Lane, #2806

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

Ft. Lauderdale, FL 33316

City, State, and Zip

FILED
2022 SEP -2 AM 9:15
TALLAHASSEE
DIVISION OF CORPORATIONS
TALLAHASSEE, 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.

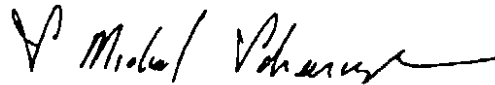


Registered Agent's Signature: S. Michael Scheeringa

Article IV - Management:

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	SAR Trilogy Management, LLC 3411 Silverside Road, Tatnall Building #104 Wilmington, DE 19810



S. Michael Scheeringa, Authorized Representative
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

S. Michael Scheeringa

Typed or printed name of signee