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# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (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 Felts Field, LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: AERO CENTER FELTS FIELD, 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;

Sanjay Aggarwal Name

2200 S. Ocean Lane, #2806 Florida street address (P.O. Box NOT acceptable)

> Ft. Lauderdale, FL 33316 City, State, and 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.

Article IV - Management:

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

Title: Name and Address:

Manager SAR Trilogy Management, LLC

3411 Silverside Road, Tatnall Building #104

Wilmington, DE 19810

ggarwal 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.)

Sanjay Aggarwal

Typed or printed name of signee