Division of Corporations Electronic Filing Cover Sheet????? - - 3 Fil 1: 28

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

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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

Fmail	Address.			

FLORIDA LIMITED LIABILITY CO. AC AVIATION SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: AC AVIATION SERVICES 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: 264 NW 94th Terr. 264 NW 94th Terr. Coral Springs, Fl. 33071 Coral Springs, Fl. 33071 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: DOWNTOWN ACCOUNTING MIAMI 255 WEST FLAGLER STREET STE 101

Name

255 WEST FLAGLER STREET STE 191

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

MIAMI FL 33131

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 standes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered upon as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
<u>AMBR</u>	JOSE ANTONIO CARDENAS USECHE 264 NW 94th Terr. Coral Springs, Fl. 33071	
(Use attachment if necessary)		
CLE V: Effective date, if other than the date effective date is listed, the date must be steed filling.) If the date inserted in this block does not	ate of filing: (OPTIO specific and cannot be more than five business days p t meet the applicable statutory filing requirements, this nt of State's records.	rine to or 90 di
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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)