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SECRETARY OF STATE
ALLAHASSEE, FLOPES

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

**DELTA ECHO AVIATION LLC** 

PLEASE RETURN A STAMPED COPY

CHECK# 9488 FOR: \$125.00

## **COVER LETTER**

	TO: New Filing Section Division of Corporations	
	DELTA ECHO AVIATION LLC	
	SUBJECT: Name of Limited Liability Company	
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
hgip	Please return all correspondence concerning this matter to the following:	
	CARLOS GARCIA	
	Name of Person	
	CARLOS GARCIA P.A.	
	Firm/Company	
	500 SOUTH DIXIE HWY SUITE 202	
	Address	
Police:	CORALGABLES, FL 33146	
	City/State and Zip Code CARLOS@CGPALAW.COM	
	E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	305 7792479 EXT 4	
	Name of Person Area Code Daytime Telephone Number	
	Enclosed is a check for the following amount:	
et.	■\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	I)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee FI 32314  Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee FI 32314  Tallahassee FI 32303	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: of the Limited Liabili	ty Company is:			
	DELTA ECHO AVI	ATION LLC	hility Com	pany, "L.L.C.," or "LLC.")	
	(Must cont	ain the words "Limited Life	ionny Com	pany, L.L.C., or LLC.	
	E II - Address: ng address and street a	ddress of the principal offi	ce of the Li	mited Liability Company is:	
	<u>Princip</u>	al Office Address:		Mailing A	ddress:
	7800 SOUTH RED RD. STE 302			7800 SOUTH RED RD. STE 302	
	SOUTH MIAMI, FL			SOUTH MIAMI, FL 33143	
The name	and the Florida street	CARLOS GARCIA P.A  200 SOUTH DIXIE HV Florida street address (	A. Name VY. SUITE		-
		CODAL CARLES	FL	33146	
		CORAL GABLES City	State	Zip	•
place design	nated in this certificate re to comply with the p	. I hereby accept the appoin rovisions of all statutes rela bligations of my position as	ument as re uting to the p registered,	for the above stated limited ligistered agent and agree to a proper and complete perform gent as provided for in Chapsignature (REQUIRED)	act in this capacity. I nance of my duties, and I

(CONTINUED)



	N 1411
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
•	VICTOR ESTEBAN ESTRADA
AMBR	7800 SOUTH RED RD. STE 302
	SOUTH MIAMI. FL 33143
AMPR	SEBASTIAN GONZALO DASSUM
<u>AMBR</u>	7800 SOUTH RED RD. STE 302
	SOUTH MIAMI, FL 33143
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.)	ate of filing: 12/22/22 . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Department	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
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ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Department	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the d.  (If an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert and aware that any first document is exert as a first document is	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the d. (If an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert a manuare that any fix constitutes a third degree of the date	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.  member or an authorized representative of a member. Equipment of State and the second statutes are information submitted in a document to the Department of State.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)