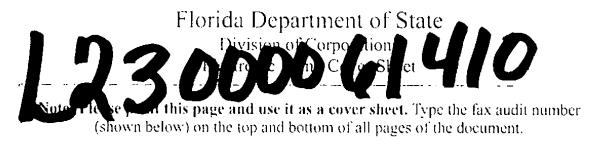
Division of Corporations



(((H23000052130 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : 120190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

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

Email Address:\_\_\_

123

## FLORIDA LIMITED LIABILITY CO. **C&C AVIATION SOLUTIONS LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

C&C AVIATION SOLUTIONS LLC	<u> </u>
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
EH AH	
E II - Address:	
ing address and street address of the principal office	of the Limited Liability Company is:
10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
Principal Office Address:	Mailing Address:
Principal Office Address: 416 SW 1ST AVE APT 1001	
<del></del>	Mailing Address:  416 SW 1ST AVE APT 1001 FORT LAUDERDALE, FL 33301

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

KARLA VALERIA SISCO CHIRINO
Name

416 SW 1ST AVE APT 1001

Florida street address (P.O. Box SOT acceptable)

FORT LAUDERDALE FL 33301
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. Thereby 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.,

x Kay Sissature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	KARLA VALERIA SISCO CHIRINO
	416 SW 1ST AVE APT 1001
	FORT LAUDERDALE, FL 33301
(Use attachment if necessary)	
( soo 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	e 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 i	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departm	nent of State's records.
ARTICLE VI: Other provisions, if any,	O LOGO OF OUR PRINT CONTINUES.
	S 100 % OF THE COMPANY
<u> </u>	
REQUIRED SIGNATURE:	
REMURED SIGNATURE:	$\mathbf{I} = \mathbf{C} : \mathbf{A} = \mathbf{A}$

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.

## KARLA VALERIA SISCO CHIRINO

Typed or printed name of signee

## 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)