

Mar. 27. 2023 2:49 PM

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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 : HARRY G. REID, III  
Account Number : I20010000189  
Phone : (407)321-3911  
Fax Number : (407)321-1467

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

Email Address: DellamonteRaphael@gmail.com

FLORIDA LIMITED LIABILITY CO.

~~AERO-LLC~~ Aerostern LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2023 MAR 27 PM 4:26

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2023 MAR 27 PM 4:40

ME

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company is:

**AEROSTERN LLC**

**ARTICLE II – ADDRESS**

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

**Principal Office Address:**  
30103 Losino Cove  
Mt. Dora, Florida 32757

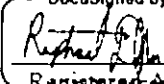
**Mailing Address:**  
30103 Losino Cove  
Mt. Dora, Florida 32757

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Raphael Dellamorte**  
30103 Losino Cove  
Mt. Dora, Florida 32757

*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.*

*Designated by:*  
  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV –**

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

**Title:**  
MGR – Manager

**Name and Address:**  
Raphael Dellamorte  
30103 Losino Cove  
Mt. Dora, Florida 32757

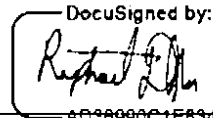
Effective date, is the date of filing.

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SIGNATURE:

DocuSigned by:  


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 consisted of 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.)

**Raphael Dellamorte**

**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)

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