

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L23000406729

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To:

Division of Corporations  
Fax Number : (850)617-6381

S. CHATHAM  
SEP - 5 2023

From:

Account Name : ATESIANO TAX SERVICES  
Account Number : I20190000123  
Phone : (305)928-1137  
Fax Number : (786)349-4952

2023 SEP - 1 AM 10:01

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

Email Address: admin@AterianoTax.com

RECEIVED  
2023 SEP - 1 AM 8:35  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

## FLORIDA LIMITED LIABILITY CO. VAS Aviation LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAS Aviation 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:

17049 NW 19 ST

15715 S Dixie Hwy

Suite 211

Pembroke Pines FL 33028

Miami, FL 33028

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:

Green Box Tax Services Inc

Name

15715 S Dixie Hwy Ste 211

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

Miami

FL

33157

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 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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 SEP -1 AM 10:01

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGR

ANGEL VASQUEZ  
 17049 NW 19 ST  
 Pembroke Pines FL 33028

2023 SEP -1 AM 10:01

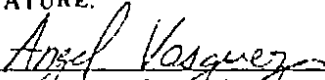
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

Any and all lawful business

**REQUIRED SIGNATURE:**

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.

ANGEL VASQUEZ

Typed or printed name of signer