

# L240000110740

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H24000089942 3)))



H240000899423ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : AVIATION LEGAL GROUP, P.A.  
Account Number : I20220000009  
Phone : (954)763-5565  
Fax Number : (954)827-7663

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

Email Address: allisons@aviationlegalgroup.com

**FLORIDA LIMITED LIABILITY CO.  
IBNS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 MAR -7 AM 10:12

2024 MAR -7 PM 12:31

FILED

DocuSign Envelope ID: 56C8C75E-9BC8-43A6-8F1A-DE9B02D62CBB

H24000089942 3

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: IBNS, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following.

Scott C. Burgess

Name of Person

Aviation Legal Group, P.A.

Firm/Company

888 S. Andrews Avenue, Suite 303

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

allisons@aviationlegalgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Allison Sass

954

763-5565

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H24000089942 3

DocuSign Envelope ID: 66C6C75E-98C6-43A6-8F1A-DE9802D62CBB

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000089942 3

ARTICLE I - Name:

The name of the Limited Liability Company is:

IBNS, 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:

2216 Sunrise Key Blvd.  
Fort Lauderdale, FL 33304

Mailing Address:

2216 Sunrise Key Blvd.  
Fort Lauderdale, FL 33304

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:

Aviation Legal Group, P.A.

Name

888 S. Andrews Avenue, Suite 303

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

Fort Lauderdale FL 33316  
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.*

DocuSigned by:

Scott Burgess  
254B7773E7E7419

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 MAR -7 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H24000089942 3

DocuSign Envelope ID: 66C6C75E-9BC6-43A6-8F1A-DE9B02D62CBB

H24000089942.3

**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:AMBRDan Naor2216 Sunrise Key Blvd.Fort Lauderdale, FL 33304AMBRQue Sera Sera Trustc/o Jerry Edwards6501 Torrey Pines Cove, Austin TX 78746\_

(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.\_\_\_\_\_\_\_\_\_\_**REQUIRED SIGNATURE:**Dan Naor**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.Dan Naor, Managing Member

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)

FILED  
2024 MAR -7 PM 12:31  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

H24000089942.3