

W24000202366

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/01/2024  
Acc#I20160000072

*en: c DW*

Name:	AERODYNE LLC
Document #:	
Order #:	15531875

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Thank you!

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AERODYNE II 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:

THOMAS CONLAN

Name of Person

ATLANTIC JET PARTNERS, LLC

Firm/Company

751 NE 10th STREET

Address

POMPANO BEACH, FLORIDA 33060

City/State and Zip Code

tc@skyaviationholdings.com

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

For further information concerning this matter, please call:

Thomas Conlan

954

270-3333

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

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TALLAHASSEE, FL  
DIVISION OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AERODYNE II 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:

751 NE 10TH STREET  
POMPANO BEACH, FL 33060

Mailing Address:

751 NE 10TH STREET  
POMPANO BEACH, FL 33060

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:

THOMAS CONLAN

Name

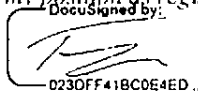
751 NE 10TH STREET

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

POMPANO BEACH	FL	33060
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:

  
0230FF41BC0E4ED..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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**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

ATLANTIC JET PARTNERS, LLC

751 NE 10th Street

Pompano Beach, FL 33060

Chief Executive Officer

Thomas Conlan

751 NE 10th Street

Pompano Beach, FL 33060

Chief Financial Officer

Tom Thomas

751 NE 10th Street

Pompano Beach, FL 33060

Chief Operating Officer

Joe Rizzo

751 NE 10th Street

Pompano Beach, FL 33060

(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:**

DocuSigned by:



023DFF41BC0E4ED

**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.

THOMAS CONLAN

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)

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CLERK OF STATE  
TALLAHASSEE, FL

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