

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : MAYNARD NEXSEN PC
Account Number : I20220000140
Phone : (407)647-2777
Fax Number : (407)647-2157

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

Email Address: bmills@maynardnexsen.com

FLORIDA LIMITED LIABILITY CO.

Fortuna Fortis, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
FOR
FORTUNA FORTIS, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute Chapter 605 entitled the "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

ARTICLE I – NAME AND PURPOSE

The name of the company shall be: **Fortuna Fortis, LLC**

The purpose of the Company shall be any lawful business in the State of Florida.

ARTICLE II - ADDRESS

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

1. The Principal Office location of the Company is:
3391 Foxmeadow Ct.,
Longwood, FL 32779
2. The Mailing Address of the Company is:
3391 Foxmeadow Ct.,
Longwood, FL 32779

**ARTICLE III - CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 FLORIDA STATUTES, AND SECTION 605.0902 IF APPLICABLE, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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

Maynard Nexsen, PC Corporation
200 E. New England Ave., Suite 300
Winter Park, Florida 32789

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.

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Brian Mills

Brian A. Mills, Esq., on behalf of
Maynard Nexsen, PC Corporation

ARTICLE IV – MANAGEMENT

The Company is to be manager-managed and the name and address of the managers are:

1. Monica Petrilli, MGR
3391 Foxmeadow Ct.,
Longwood, FL 32779
2. Daniel Romero, MGR
3391 Foxmeadow Ct.,
Longwood, FL 32779

ARTICLE V – EFFECTIVE DATE AND DURATION

The effective Date for the Company shall be the date of filing with the State of Florida Division of Corporations. The period of duration for the Company shall be **perpetual** unless terminated as provided in the Operating Agreement.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Company Operating Agreement.

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Brian Mills

Signature of a member or authorized
Representative of a member

Brian A. Mills, Esq.
Maynard Nexsen, PC Corporation
200 E. New England Ave., Suite 300
Winter Park, Florida 32789

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BW Air 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:3708 West Swann Avenue, STE 200
Tampa, FL 33609**Mailing Address:**3708 West Swann Avenue, STE 200
Tampa, FL 33609**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:

T. Austin Simmons

Name

3708 West Swann Avenue, STE 200Florida street address (P.O. Box **NOT** acceptable)Tampa

City

FL

State

33609

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)

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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:MGRT. Austin Simmons3708 West Swann Avenue, STE 200Tampa, FL 33609

(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:**

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.

T. Austin Simmons

Typed or printed name of signer

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)