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Date: 08/07/2024

Acc#I20160000072

Name:	Titan Aerosp	pace, LLC	
Document #:			
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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	Titan Aerospace,	LLC		
Sebel		lame of Limited Liabil	ity Company	
The end	closed Articles of Organization a	nd fee(s) are submitted	for filing.	
Please	eturn all correspondence concert	ning this matter to the t	following:	
	Terri Shaw			
		Name of	Person	
	Ballard Spahr LP			
		Firm/Co	mpany	
	1 E Washington St., Suite 2	300		
		Addr	ess	
	Phoenix, AZ 85004			
	shawt@ballardspahr.com	City/State an	d Zip Code	
		(to be used for future a	nnual report notificat	ion)
For furth	er information concerning this m	atter, please call:		
	Terri Shaw	734 at (934-1781	
	Name of Person		Daytime Telephon	e Number
Enclose	ed is a check for the following an	oount:		
≘ \$125	i.00 Filing Fee ☐\$130.00 Fi Certificate o	f Status Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	ons	Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

11.

	ospace, LLC			
(Must co	ontain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal c	office of the Limited L	iability Company is:	
Princ	ipal Office Address:		Mailing Addres	<u>ss</u> :
	11737 Waterstone Loop Dr		11737 Waterstone Loop Dr	
Windermere, FL 3	4786	Wind	Windermere, FL 34786	
another business entity with a	et address of the registered	on.) d agent are:	ou must designate an indi	vidual or
another business entity with a	n active Florida registratio	on.) d agent are:	ou must designate an indi-	vidual of
another business entity with a	n active Florida registration active Florida registered address of the registered CT Corporation System 1200 South Pine Isla	n.) f agent are: tem Name nd Road	· · · · · · · · · · · · · · · · · · ·	vidual of
another business entity with a	n active Florida registration active Florida registered address of the registered C T Corporation Sys	n.) f agent are: tem Name nd Road	· · · · · · · · · · · · · · · · · · ·	vidual of
another business entity with a	n active Florida registration active Florida registered C T Corporation System 1200 South Pine Isla Florida street addres Plantation	n.) f agent are: tem Name nd Road	· · · · · · · · · · · · · · · · · · ·	vidual of
another business entity with a	n active Florida registration active Florida registered CT Corporation System 1200 South Pine Isla Florida street address	on.) d agent are: tem Name nd Road s (P.O. Box NOT acc	eptable)	vidual of
another business entity with a The name and the Florida stree aving been named as registere, lace designated in this certifica arther agree to comply with the	n active Florida registration active Florida registered C T Corporation System 1200 South Pine Isla Florida street address Plantation City diagent and to accept service, I hereby accept the approvisions of all stanues research.	na.) If agent are: tem Name Ind Road Is (P.O. Box NOT acc Florida State Sta	eptable) 33324 Zip bove stated limited liabilided and agree to act in and complete performance	ty company at th this capacity. I of my duties, an
another business entity with a The name and the Florida street laving been named as registered lace designated in this certificate wither agree to comply with the m familiar with and accept the	n active Florida registration active Florida registered C T Corporation System 1200 South Pine Isla Florida street address Plantation City diagent and to accept service, I hereby accept the approvisions of all stanues research.	na.) If agent are: tem Name nd Road s (P.O. Box NOT acc Florida State ice of process for the continuous as registered plating to the proper a	eptable) 33324 Zip bove stated limited liabilided and agree to act in and complete performance	ty company at th this capacity. I of my duties, an

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Heckens & Wood Capital, LLC <u>AMBR</u> 1209 Orange Street Wilmington, DE 19801 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 SIGNA TURE: 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. Timothy Wood 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)

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ARTICLE IV-

5 . 5.00 Certificate of Status (Optional)