

10/15/24, 3:12 AM

Division of Corporations

L2400043752

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

10-16-24

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To:

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

From:

Account Name : STRADA ADVISORS CORP
Account Number : I20240000039
Phone : (954)534-3313
Fax Number : (954)945-3700

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

Email Address: _____

RECEIVED
2024 OCT 15 AM 10:38
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

MSN 27246 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MSN 27246 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:

6737 NW 107TH WAY
PARKLAND, FL 33076

Mailing Address:

6737 NW 107TH WAY
PARKLAND, FL 33076

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:

MOHSIN RAZA

Name

6737 NW 107TH WAY

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

PARKLAND

FL

33076

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..

Mohsin Raza

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:AMBRRYSBEK CORP
13823 MEADOW LN
PLAINFIELD, IL 60544AMBREG AERO LLC
6737 107TH WAY
PARKLAND, FL 33076AMBRAPOLLO AERO LLC
101 SE COAST ST, STE 122
LAKE WORTH BEACH, FL 33460AMBRUNIVERSAL AEROSPACE SYSTEMS LLC
740 S POWERLINE RD, STE 740E
DEERFIELD BEACH, FL 33442

(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._____
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)**

(((H24000344422 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:

OFFICE: AMBR
an
-

AEROFLEET MANAGEMENT LLC
5265 NW 95TH AVE
CORAL SPRINGS, FL 33076

MGR

MOHSIN RAZA
6737 NW 107TH WAY
PARKLAND, FL 33076

(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.

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)

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

1. AMBR

AL HADID ENTERPRISES LLC
3862 HAMPTON HILLS BLVD
TAMARAC, FL 33321

2. AMBR

APEX AEROSPACE ASSETS
14340 NW 11TH ST
PEMBROKE PINES, FL 33028

AMBR

CELERITY ASSET MANAGEMENT LLC
4950 NE 29TH AVE
LIGHTHOUSE POINT, FL 33064

AMBR

ALIDAN INC
409 DOVER CT N
YORKVILLE, IL 60560

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/15/2024 (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:

Mohsin Raza

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.

MOHSIN RAZA

Typed or printed name of signee

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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\$ 5.00 Certificate of Status (Optional)

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