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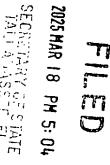
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	SeaSun Aviation LLC			
SODJEC		Limited Liabili	ty Company	
The enclo	osed Articles of Organization and fee(s) are submitted	for filing.	
Please ret	turn all correspondence concerning this	matter to the f	ollowing:	
	Angel Gutierrez			
		Name of	Person	
	SeaSun Aviation LLC			
		Firm/Co	npany	
	15394 SW 115 Terrace			
		Addre	ess	
	Miami, FL 33196			
	seasunaviation@gmail.com	City/State and	l Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notification	on)
For further	information concerning this matter, ple	ease call:		
	Angel Gutierrez	786 1	5864980	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for the following amount:			
□\$125.0	00 Filing Fee 33 30.00 Filing Fee Certificate of Status	Certific	i.00 Filing Fee & ed Copy il copy is enclosed)	□S160,00 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 Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
S. S. A. during I.I.C.	
SeaSun Aviation LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15394 SW 115 Ter	15394 SW 115 Ter
Miami FL 33196	Miami FL 33196

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:

Angel Gutierrez		
	Name	
15394 SW 115 T	er	
Florida street ad	dress (P.O. Box <u>NOT</u> a	cceptable)
Miami	FL	33196
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..

flered Agent's Signature (REQUIRED)

(CONTINUED)

2025 MAR 18 PM 5: 04 SECRETARY OF STATE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Memb	per
"MGR" = Manager	
AMBR	Theresa Gutierrez
	15394 SW115 Terr
	Miami FL 33196
AMBR	Tyler Gutierrez
	15394 SW 115 Ter
	Miami FL 33196
(Use attachment if necessary)	
(Ose attachment if necessary)	
ARTICLE V. Effective date if other th	an the date of filing: (OPTIONAL)
If an effective date is listed, the date r	must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	has be specific and cannot be more than tive business days prior to or 20 days after
	does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the D	
the accument 3 checure due on the p	epatheni of oute 5 records.
ARTICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	
	are of a member or an authorized representative of a member.
	nt is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
r am aware in	at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
constitutes a t	and degree felony as provided for in soil 1.155, 1.3.
Angel	Gutierrez
	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)