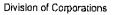
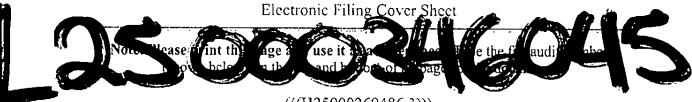
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## Florida Department of State

Division of Corporations



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## FLORIDA LIMITED LIABILITY CO. AERO-LAB SOLUTIONS, LLC

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE L- NAME

The name and address of this Limited Liability Company shall be:

### Aero-Lab Solutions, LLC

ARTICLE II ~ ADDRESS

8361 N.W 64th Street Miami, FL 331166

# ARTICLE III - NAME OF REGISTERED AGENT, ADDRESS OF REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and street address of the L.L.C.'s initial registered resident agent shall be:

Jose I. Perez 8161 N.W 91st Terrace Miami, FL 33166

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 provisio

ns 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 Ageny's Signature

<u>C</u>i,

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is: therefore, a manager-managed company.

Jose I. Perez MORM

Rita Perez Member

8361 N,W 64th Street Miami, FL 33166 8361 N.W 64th Street Mlami, FL 33166

ARTICLE V - MANAGEMENT

Effective date July 30,2024

Signature of a member or an authorized representative of a member.

(In accordance with saction 60).02.03(1)(b), Piorida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perfury that the facts stated haven are true. 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 5.817.155, F.8.)

Printed name of signature

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