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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Devon-Air 12231	, LLC						
Please Debit FCA	.0000000003 For: ¹²	25					
Thank you Seth N	Jeelev	ļ	202	· · · · ·			
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			Dissolution / Withdrawal				
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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	T: Devon-Air 12231, LLC Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Teresa De La Rosa, CPA Name of Person	
	Teresa L De La Rosa, CPA, LA	2
	Firm/Company	2024 JUL 23
	814 Ponce De Leon Blvd Suite 204	UL 23
	Address Coral Gables, FL 33134	9:4
	City/State and Zip Code teresa@delarosacpafirm.com	1.17
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Teresa De La Rosa at (305) 385-1099 Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
XI\$125.0	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee, of Status & Copy opy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Air 12231, LLC			
(Must co	ontain the words "Limited L	iability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal of	fice of the Lim	ited Liability Company is:	
Principal Office Address:			Mailing Address:	
13071 SW 122 Ave Miami, FL 33186			13071 SW 122 Ave Miami, FL 33186	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stream.	iny cannot serve as its own I in active Florida registration et address of the registered	Registered Age 1.) agent are:	Agent's Signature: ent. You must designate an individual .	2024 JUL 23 (JY 9: 4.7 5)
	Brenda A.	Amador Name		
		Ivanic		
	13071 SW		······································	 7
	Florida street address	(P.O. Box <u>NC</u>	or acceptable)	
	Miami	FL	33186	
	City	State	Zip	
			r the above stated limited liability com	man de elsa

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Brenda A. Amador
	1307.1_SW_122.Ave
	——Miami, FL 33186————
AMBR	Cesar Amador
	13071-SW-122-Ave
	Miami, FL 33186
	20
	2021;
	23
	9: 1.7
	<u> </u>
(Use attachment if necessary)	<u> </u>
CLE V: Effective date, if other than the date	e of filing: July 2023, 2024
effective date is listed, the date must be sp te of filing.)	pecific and cannot be more than five business days prior to or 90 days
	meet the applicable statutory filing requirements, this date will not be lis
ocument's effective date on the Department	· · · · · · · · · · · · · · · · · · ·

REOURED SIGNATURE:

Brenda Amador

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.

Brenda A, Amador
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)
- S 5.00 Certificate of Status (Optional)