

W03000003149

00789-00611-01122-00671 -1 \*name in #1

myjetz.com

(Requestor's Name)

411 Donnelly St. #308

(Address)

Mt. Dora, FL 32757

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

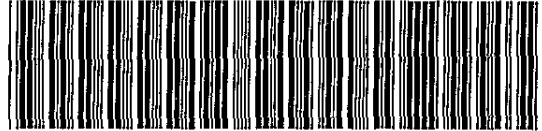
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JAN 23 2003  
FBI - TAMPA



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 6, 2002

MYJETZ.COM  
411 DONNELLY ST., #308  
MT. DORA, FL 32757

SUBJECT: MYJETZ.COM  
Ref. Number: W02000034308

We have received your document for MYJETZ.COM and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must put the name of the company in Article I - Name, also the name must have a suffix such as LC, LLC, Ltd. Co. or Limited Liability Company.,

The document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 102A00064860



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 30, 2002

MYJETZ.COM  
411 DONNELLY ST., #308  
MT. DORA, FL 32757

SUBJECT: MYJETZ.COM  
Ref. Number: W02000034308

We have received your document for MYJETZ.COM and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain both the street address of the principal office and the mailing address of the entity.

You must write the Principal and Mailing address of the company in ARTICLE II - ADDRESS on the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 602A00067735

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: MYJET2.COM L.L.C

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
411 N Donnelly St #308 MT. DORA FLORIDA 32757

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

~~MYJET2.COM~~ AARON NORMAN  
Name  
411 Donnelly St #308  
Florida street address (P.O. Box **NOT** acceptable)  
MT DORA FL 32757  
City, State, and 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 608, F.S.*

Aaron Norman  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

AARON NORMAN  
Typed or printed name of signer

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
03 JAN 28 AM 8:56  
STATE  
TALLAHASSEE FLORIDA