# 105000 | State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

### LIMITED LIABILITY COMPANY

#### jetstream, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

## 405000043041



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

ARTICLE I - Name: The name of the Limited Liability Company is	COMPACTOR LIABILITY CONTACT	
Jetstream, LLC	<u> </u>	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
141 Crandon Blvd., #139	141 Crandon Blvd., #139	
Key Biscayne, Fl. 33149	Key Biscayne, Fl. 33149	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the t	<del>_</del>	
Robert Conser		
Name		
141 Crandon Blvd., #139		
Florida street address (P.O. Box NOT acceptable)		
Key Biscayne, Fl. 33149	F1	
City, State, a	nd Zip	
liability company at the place designated in t	sevent service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all	

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 rapacity. 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 vite and accept the obligations of my position as registered agent as provided for in Chapter 418, F.S.

Registered Agent's Signature

(CONTINUED)

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405000043261

AKLICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jeffrey Jacobsen
	1413 Madison Park Dr.
	Glen Burnie, Md. 21061
MGRM	Robert Conser
	141 Crandon Blvd., #139
	Key Biscayne, Fl. 33149
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	$\sim$

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 perjuty that the facts stated herein are true.)

Robert Conser Typed or printed name of signee

Filing Peec:

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

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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