5000019244

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Fflotte#)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(California Line)		
•		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100047023601

02/24/05--01028--012 **125.00

TRANSMITTAL LETTER

TO: Registration S Division of Co					
SUBJECT:	(Name of Limited	Harbor Air			
	(Mane of Diffic	a Batoling Comp	······ ,		
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filin	ıg.		
Please return all corres	pondence concerning this matte	er to the following	g;		
14-14-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		n Wesley Smith			
	C	Name of Person)			
		Harbor Air	.L¢ "		
	(1	Firm/Company)			
<u> </u>	P.C	(Address)		 	
		(riddress)			
	Lake	e Park, FL 3340	3		
***************************************		State and Zip Cod		 , • , · · .	
For further information	concerning this matter, please	call:			
John	W. Smith	at (561) 863-7121		
(Nam	e of Person)	(Area Co	de & Daytime Te	lephone Number)	
Enclosed is a check t	for the following amount:				
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 F Certified Cop	у	S160.00 Filing F Certificate of Status	
		(additional copy	is enclosed)	Certified Copy (additional copy ts enclo) (S)
STR	EET ADDRESS:		MAILING AI	DDRESS:	FEB ,
Regi	stration Section		Registration Se	ection 💍	71 S
	Division of Corporations 409 E. Gaines Street			rporations	1
409 I Talla		P.O. Box 6327 Tallahassee, Fl	The state of the s	PH	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
HARBOR A	AIR "LLC"
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1434 Victoria Drive	P.O.Box 530544
West Palm Beach	Lake Park
FL 33406	FL 33403
	Name mmingbird Way #4
	la street address (P.O. Box <u>NQT</u> acceptable)
	alm Beach, FL 33408
C	City, State, and Zip
liability company at the place design registered agent and agree to act in the statutes relating to the proper and co	ant and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S
/L	Donth
R ∉ giste	ered Agent's Signature SECTOR

(CONTINUED)

Page 1 of 2

ARTICLE 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	Name and Address:
"MGRM" = Managing Member • MGRM" = Managing Member	JOHN W SMITH 813 HUMMINGBIRD WAY#Y NORTH PALM BCH FL 53408
	
(Use attachment if necessary)	
,	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
of this document constitut that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)

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)

OS FEB 24 PH 12: 23

Typed or printed name of signee