## L05000040717

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

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: Kent Jet (Name of Limited)   | d Liability Company)  |
| The enclosed Articles of Organization and fee(s) are so   | abmitted for filing.  |
| Please return all correspondence concerning this matter   | r to the following:   |
| Gil New   | Name of Person)   |
| Kent Jet  | Firm/Company)   |
| 14600 Biscayne  | Boulevard (Address)   |
| North Kliami Be   | State and Zip Code)   |
| For further information concerning this matter, please  | call:   |
| GI Neoman   | at (305) 919-9400<br>(Area Code & Daytime Telephone Number)   |
| (Name of Person)  | (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:   | 05<br>SEC<br>TALL   |
| \$125.00 Filing Fee \$\Boxed{\square}\$ \$130.00 Filing Fee & Certificate of Status                           | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |  |  |
|--|--|--|
| The name of the Limited Liability Company is   | <b>:</b>   |  |
| Text Jet, LL   | c  |  |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company                              |  |  |
| Principal Office Address:  | Mailing Address:   |  |
| 14400 Biscoupe Boulevares<br>North Miami Beach FL 33131  | 14600 Biscagne Boulevard<br>North Miani Brack, 1838  |  |
| ARTICLE III - Registered Agent, Registere  | ed Office, & Registered Agent's Signature:   |  |
| The name and the Florida street address of the   | ORE .  |  |
| /46 00 Bis   | sayne boxlovar el<br>idress (P.O. Box <u>NOT</u> acceptable)   |  |
| North Mioni Beach<br>City, State,  | •  |  |
| liability company at the place designated in<br>registered agent and agree to act in this capaci<br>statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformanee of my duties, and I am familiar with and |  |

Registered Agent's Signature

(CONTINUED)

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

| Title: "MGR" = Manager   | Name and Address:  |
|--|--|
| "MGRM" = Managing Member  **MGRM**  **MGRM** | Hent of Naples, Inc. 14100 Biscayne Boulewood North Minni Brack, FL 33181      |
| MGRM   | Jet Georgity, Inc. 1108 Kape Contource, Suite 2010 Bay Harbor Island, FL 33154 |
|  | TAN 2  |
| (Use attachment if necessary)  | SEE FLORIE   |
| •,   | added if an effective date is requested.                                       |
| REQUIRED SIGNATURE:  |  |
| (In accordance with section of this document constitute that the facts stated here   | Neuman   |
| 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)

\$ 5.00 Certificate of Status (Optional)