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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JPilots LLC			
(Name of Limited	l Liability Com	pany)	
The enclosed Articles of Organization and fee(s) are su		_	
Please return all correspondence concerning this matter	r to the following	ng:	
James P. Hanley			
()	Name of Person)		
(I	Firm/Company)		
			_
3488 Collonade Drive			OS /
	(Address)		The Second Second
			ý <b>5</b>
Wellington, FL 33467			
	State and Zip Co	de)	OS AUS IS AM IO: OS SECHE SECHE STATE TALLAND SECHE TLORIDA
			AIE OS
For further information concerning this matter, please	call:		<u> </u>
	at (_561	289-3355	
(Name of Person)	(Area Co	ode & Daytime Te	lephone Number)
Enclosed is a check for the following amount:			
■ \$125.00 Filing Fee	☐ \$155.00 Certified Co (additional cop		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street		MAILING AN Registration S Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
JPilots LLC		_	
ARTICLE II - Address:			
The mailing address and street address of the pri	ncipal office of the Limited Liability	Company	vis:
Principal Office Address:	Mailing Address:		
5525 N.W. 15th Ave.	3488 Collonade Drive		
Suite 201	Wellington, FL 33467		
Fort Lauderdale, FL 33309			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	2	)5 AUG	
James P. Hanley	o An	15	Ĭ
Name		•	FILED
3488 Collonade Drive		AM IO: 05	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	77 05	
Wellington, FL 33467	FL		
City, State, a	nd 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..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or The name and address of each N	Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James P. Hanley
	3488 Collonade Drive Wellington, FL 33467
(Use attachment if necessary)	must be added if an effective date is requested.
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	STATE ORIDA
Signaturalista	nember or an authorized representative of a member.
(In accordance v of this documen	with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury stated herein are true.
Jan	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)