L05000118582

(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:

Office Use Only



600061846616







ACCOUNT NO.: 07210000032
REFERENCE: 754146 4332362
AUTHORIZATION: Double hom 3 3 5
COST LIMIT: \$ 130.00
AUTHORIZATION: Down Cost Limit: \$ 130.00 ORDER DATE: December 13, 2005
ORDER TIME : 2:01 PM
ORDER NO. : 754146-005
CUSTOMER NO: 4332362
DOMESTIC FILING
NAME: MJ AIR, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Darlene Ward - EXT. 2935
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY.	
ARTICLE I - Name:	The state of the s	
The name of the Limited Liability Company is	S. S	Ò
MJ Air, LLC	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(Must end with the words "Limited Liability Company, "Lim	ilted Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1517 Perimeter Road	Same	
Suite 506, PBIA		
West Palm Beach, FL 33406		
(The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the		
Corporation Service Company		
Name	•	-
1201 Hays Street		
Florida street ad	idress (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	
City, State,	and Zip	-
liability company at the place designated in registered agent and agree to act in this capaci 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 ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S	
Corporation Service Company	Cynthia L. Harris	
By: Cuntual Registered Agent's Signa	daran as its agent	
Teginered rigein a Digit	mus (rankonnes)	

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
MGR	William V. Magnus
	155 Morris Ave.
	Denville, NJ 07834
•	
Use attachment if necessary)	
F.V. Effective date if other th	nen the date of filing: (OPTI
es va surrockvo akie, k Galek k	nust be specific and cannot be more than five busines

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.)

William V MASNUS

Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

By:

Page 2 of 2