# 10600064804

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS 23 PM 12: 01



# **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	JET PARK D	AY TONA, LLC	
Scholer,	(Name of Limited Liab		<del></del>
The enclosed Art	icles of Organization and fee(s) are submitte	ed for filing.	
Please return all o	correspondence concerning this matter to the	e following:	
	Jerry Coo	ne	
	JET PARK DA	JTONA, LLC	2006
,	905 BISCA	yne Blvd.	NISION OF C
	(Add	irdss)	00 00 00 00 00 00 00 00 00 00 00 00 00
<u></u>	Vehand,	FL 32724	ORPORAT
	(City/State of	nd Zip Code)	<b>9</b>
For further inform	nation concerning this matter, please call:		± ·-
Jern	A Coore at (at (	386 734-2510	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a ch	eck for the following amount:		
	Fee \$130.00 Filing Fee & Certificate of Status Cert	155.00 Filing Fee & Sified Copy Sitional copy is enclosed) Sified Copy (additional copy is	itatus & /
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
JET PARK DAY	TONA, LLC
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
905 Biscayne Blvd. Dehand 1 1=L 32724	905 Biscayne Blvd. De Land, FL 32724
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or anyter
The name and the Florida street address of the re	egistered agent are:  SIGN OF CO
Jerry Co	pong 23 SAR
•	
905 Bis	ress (P.O. Box NOT acceptable)
	ress (P.O. Box NOT acceptable)
Dehand	FL 32724
City. State, a	nd Zip
Having been named as registered agent and to a	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..

Registered Agent's Signature (REQUIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member YMGRYM Terry Coord 905 Biscayne Bivd Qe Land, GL 32728 PM 77 OF STATE (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

# **REQUIRED SIGNATURE:**

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.)

TERMY COONE

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)

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