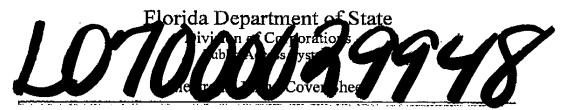
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087 Phone : (954)389-1333

Fax Number : (954)389-1397

a nd Submissio.

O7 MAR 20 AH 9: U SECRETARY OF STATION INCLUDING SECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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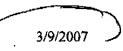
Jet Savers, LLC

Certificate of Status Certified Copy	0
Page Count	02

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9543891397

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Jet Savers	s, LLC	
(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	*,
2663 Edgewater Drive	2663 Edgewater Drive	and the stage and the
Weston, FL 33326	Weston, FL 33326	
M		• • • •
ARTICLE III - Registered Agent, Re (The Limited Utability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual	gnature: 7
The name and the Florida street address	s of the registered agent are:	SEE O
The name and the Florida street address	s of the registered agent are:	O AH
The name and the Florida street address		O AH 9:
The name and the Florida street address	Salver, PA	O AH 9:
The name and the Florida street address Paul 2721 Executive	Salver, PA Name	O AH 9:
The name and the Florida street address Paul 2721 Executive	Salver, PA Name Park Drive, Suite 4	O AH 9:

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

Mar 09 07 10:43a 03/09/2007 10:39 Carlos Winston Salaverria 9543493740 9643891397 PANAGOS SALVER COOK

PAGE 01/0

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 MGR Carlos Salverria 2663 Edgewater Drive Weston, FL 33326 Alejandro Marin MGR 2663 Edgewater Drive Weston, FL 33326 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (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 magnitur or an sydhorized representative of a member. (In accordance with section 608.408(3), Florida Stanstes, the execution of this document constitutes an affirmation under the ponalties of perjury that the facts stated herein are true.) Carlos Salaverria Typed or printed name of signee Piliote Form

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)