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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	ZZU'S Ha (Name of Limit	pou Bottom ed Liability Company)	Flying Club, Ll
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	ter to the following:	
_Warc	1 Bischof	(Name of Person)	
Jazz	is Happy	Bottom Flyi (Firm/Company)	ng Club, LIC
268 8	s. Wymore	Rd # 104 (Address)	
Altam	onte Spr	ings FL 32 y/State/and Zip Code)	2714
For further information c	concerning this matter, please	e call:	
Ward Bi	1SChoff of Person)	at (309) 252- (Area Code & Daytime Tele	phone Number)
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
JOZZY'S Happy Bottom Flying Club, C Must end with the words "Jimited Liability Company, "L.L.C.," or "L.L.C.," or "L.L.C.)"	LC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is	•
Principal Office Address: Mailing Address:		
2108 S. Wymore Rd #104 Altamonte Springs FL 32714 Altamonte Springs FL 32714	4	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	0	AiG
The name and the Florida street address of the registered agent are:	<i>J</i>	1203 1203 1203
Ward Bischoff Name	JUL 25	ANA CO
2108 S. Wymore Rd #104 Florida street address (P.O. Box NOT acceptable) Altamonte Springs FL 32714	AH 11: 59	OF STATE SRPONATIONS
City, State, and 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

MGR

(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.)

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)

SECRETARY OF STATE