

LO70000099657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

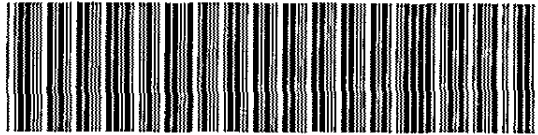
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400109740004

10/01/07--01019--018 \*\*155.00

**FILED**  
**RECEIVED**  
07 OCT - 1 PM 3:41  
2007 OCT - 1 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TELEPHONE  
SUFFICIENCY OF FILING

**LAZARUS**  
**CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

**FILED**  
07 OCT - 1 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. CALMAS LEADER JET LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time 2:00  
☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☒ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**CALMAS LEADER JET LLC**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principle office of the Limited Liability Company is:

**PRINCIPAL OFFICE ADDRESS:**

11010 NW 30<sup>TH</sup> ST STE 104 APT 1641  
DORAL FLA 33172

**MAILING ADDRESS:**

11010 NW 30<sup>TH</sup> ST STE 104 APT 1641  
DORAL FLA 33172

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**JESUS AZNAR**  
(NAME)

**11010 NW 30<sup>TH</sup> ST STE 104 APT 1641**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**MIAMI, FL 33172**  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

**FILED**  
07 OCT - 1 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= JESUS AZNAR, 11010 NW 30<sup>TH</sup> ST STE 104 APT 1641, DORAL FLA 33172

MGR= NISETTE BAPTISTA, 11010 NW 30<sup>TH</sup> ST STE 104 APT 1641, DORAL FLA 33172

---

---

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**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.)

**JESUS AZNAR**

Typed or printed name of signed