L08000017636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Effective Date 02/2/08

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DIVISION OF CORPORATIONS
08 FEB 18 PM 3:51

T. HAMPTON

FEB 19 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PISCES EXPRESS AIR SHUTTLE SERVICES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAM GLEASON
(Name of Person)

(Firm/Company)

490 COMMODORE AVE NW
(Address)

PALM BAY, FL 32907
(City/State and Zip Code)

For further information concerning this matter, please call:

PAM GLEASON at (321) 914-3027
(Name of Person) (Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 FEB 19 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 1, 2008

PAM GLEASON
490 COMMODORE AVE NW
PALM BAY, FL 32907

SUBJECT: PISCES EXPRESS AIR SHUTTLE SERVICES, LLC
Ref. Number: W08000005653

We have received your document for PISCES EXPRESS AIR SHUTTLE SERVICES, LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 31, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00006981

Effective Date 02/21/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

PISCES EXPRESS AIR SHUTTLE SERVICES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
490 COMMODORE AVE NW	490 COMMODORE AVE NW
PALM BAY, FL 32907	PALM BAY, FL 32907

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.)

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

PAM GLEASON
Name

490 COMMODORE AVE NW
Florida street address (P.O. Box **NOT** acceptable)

PALM BAY FL 32907
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..

Pamela M Gleason
Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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	**Name and Address:**
DERYCK N. CHUNG-"MGR"	490 COMMODORE AVE NW PALM BAY, FL 32907
SIMONE B. de RUSHE-CHUNG-"MGR"	490 COMMODORE AVE NW PALM BAY, FL 32907

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/21/2008 . (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 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.)

SIMONE BERNADETTE de RUSHE-CHUNG
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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