L08000059729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Effective Date 06/05/08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 18 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CENTRES JETPORT 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:

DAVID K. CHARLTON
(Name of Person)

CENTRES INC.
(Firm/Company)

9130 SOUTH DADELAND BLVD., SUITE 1528
(Address)

MIAMI, FLORIDA 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty Fernandez at (305) 671-1114
(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 JUN 17 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 6, 2008

DAVID K CHARLTON
CENTRES INC
9130 S DADELAND BLVD - STE 1528
MIAMI, FL 33156

SUBJECT: CENTRES JETPORT LLC
Ref. Number: W08000027777

We have received your document for CENTRES JETPORT 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 June 5, 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: 108A00035244

Effective Date 06/05/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

CENTRES JETPORT 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:**
9130 South Dadeland Blvd	9130 South Dadeland Blvd
Suite 1528	Suite 1528
Miami, Florida 33156	Miami, Florid 33156

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:

David K. Charlton
Name

9130 South Dadeland Blvd, Suite 1528
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33156
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)

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08 JUN -5 AM 9:37
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TALLAHASSEE, FLORIDA

(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:**
MGRM	Centres Inc. 9130 South Dadeland Blvd. Suite1528 Miami, Florida 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 5, 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.)

David K. Charlton
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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