

LO9000016679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Effective Date

01/28/09

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 20 AM 9:38

T. HAMPTON

FEB 19 2009

EXAMINER

2508-3053

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GAC AIRLEASE 2009 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:

**Mary Pat Hevener**

(Name of Person)

**GAC AIRLEASE 2009 LLC**

(Firm/Company)

**6300 NE 1st Avenue, Suite 300**

(Address)

**Fort Lauderdale, Florida 33334**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Mary Pat Hevener**

(Name of Person)

at ( **954** ) **776-7900 Ext 2221**

(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

GAC AIRLEASE 2009 LLC  
6300 NE 1<sup>st</sup> Avenue, Suite 300  
Fort Lauderdale, FL 33334  
Phone (954) 776-7900, ext. 2221, Fax (954) 776-7918

January 27, 2009

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Ref Number: W09000003053

Dear Sir or Madam,

Enclosed please find copy of letter dated January 21, requesting an amended date. If anything else is required please do not hesitate to call at the number on the letterhead.  
Thank you for your time.

Very truly yours,



Mary Pat Hevener,  
Controller

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 FEB 18 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 21, 2009

MARY PAT HEVENER  
6300 NE 1ST AVE  
STE 300  
FT LAUDERDALE, FL 33334

SUBJECT: GAC AIRLEASE 2009 LLC  
Ref. Number: W09000003053

We have received your document for GAC AIRLEASE 2009 LLC and your check(s) totaling \$125.00. 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 20, 2009. 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: 509A00002152

Effective Date 01/28/09

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

GAC AIRLEASE 2009 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:

GAC AIRLEASE 2009 LLC  
6300 NE 1st Avenue, Suite 300  
Fort Lauderdale, Florida 33334

#### Mailing Address:

GAC AIRLEASE 2009 LLC  
6300 NE 1st Avenue, Suite 300  
Fort Lauderdale, Florida 33334

### 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:

Robert Sader

Name

6300 NE 1st Avenue, Suite 202

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 20 AM 9:39

**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:**

Managing Member

Betty L. Roschman Trustee, Betty L. Roschman Revocable Trust Agmt dated December 22, 1983

6300 NE 1st Avenue, Suite 300

Fort Lauderdale, FL 33334

Managing Member

Manuel Agüero

6300 NE 1st Avenue, Suite 300

Fort Lauderdale, FL 33334

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 28, 2009 (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.)

Betty L. Roschman Trustee, Betty L. Roschman Revocable Trust Agmt dated December 22, 1983

Typed or printed name of signer

**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)