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EXAMINER



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SECRETARY OF STATE

FFR 25 PHI2: 2

COVER LETTER

Registration Section

TO:

Division of C	orporations		
SUBJECT:		Jet Set, LLC	
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
		Linda Fow	
	***	Name of Person	
		Jet Set, LLC	
		Firm/Company	
	1495 Ne	wfound Harbor Drive	
		Address	
	Merrit	Island, FL 32952	
	Cit	y/State and Zip Code	
	skym	om81@gmail.com for future annual report notific	oution)
For further information	n concerning this matter, please	•	<u>-</u>
	nda Fow	at (321)	454-4474 me Telephone Number
Enclosed is a check	for the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclo	\$160.00 Filing Fee, Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Set, LLC
(Must end with the words "Lin	nited 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:
1495 Newfound Harbor Drive	1495 Newfound Harbor Drive
Merritt Island, FL 32952	Merritt Island, FL 32952
Merritt Island, FL 32952	

Inde V. FDI

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

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..

Register Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Linda Fow, MGR	1495 Newfound Harbor Drive Merritt Island, FL 32952
Robert Fow, MGRM	1495 Newfound Harbor Drive Merritt Island, FL 32952
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: 2/22/2016 . (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.)

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)