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CECHETARY OF STATE
ALLAHASSEF FINATE

D. BRUCE
APR 14 2011
EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co							
SUBJECT: JETT	Terrain, LLC						
· · ·	Name of Limi	ted Liability Co	mpany				
The enclosed Articles of	of Organization and fee(s) are	submitted for f	ĭling.				
Please return all corresp	ondence concerning this mat	ter to the follow	ving:				
Elizabeth	Curles	**************************************	**************************************	-\- <u>-</u>			
		Name of Persor	1				
JETT Ter	rrain, LLC						
		Firm/Company	,				
1528 Tip <sub>l</sub>	perary Drive						
		Address		<del></del>			
Melbourne		ty/State and Zip (				= <del>-</del>	· vi
bethcurles@	②yahoo.com	ry/state and Zip (	Joue		NAS.	PR 13	-
	E-mail address: (to be used	for future annual	report notification	1)	<del>聞</del> 名	70 T	. P. S.
For further information	concerning this matter, pleas	e call:			FS.	173	e e e
Elizabeth Curles		_ <sub>at (</sub> 321	394-115	51	NATION AND THE PROPERTY OF THE	යා යා	
Name	of Person		Code & Daytime T	elephone Numbe	r		
Enclosed is a check for	or the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 F Certificate Certified (additional)	e of Stat Copy	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Addre tration Section ion of Corporation ion Building Executive Centen nassee, FL 32301	ons r Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
JETT Terrain, 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	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1528 Tipperary Drive	1528 Tipperary Drive
Melbourne, Florida 32940	Melbourne, Florida 32940
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of I	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Elizabeth Curles	
1528 Tipperary	77
Florida stree	et address (P.O. Box NOT acceptable)
Melbourne	<sub>FL</sub> 32940
Cit	y, State, and Zip
Having been named as registered agent and	to accept service of process for the above stated limited

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

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Elizabeth Curles
	1528 Tipperary Drive
	Melbourne, Florida 32940
	***************************************
	Market Control of the
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: April 6, 2011 (OPTIONAL) ast be specific and cannot be more than five business days prior
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:	
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false is	ember or an authorized representative of a member of an authorized representative of this document of the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false is	ember or an authorized representative of a member of this document wounder the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of States felony as provided for in s.817.155, F.S.)

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)