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(Requestor's Name)			
(Áddress)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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B. KOHR
AUG 8 2011
EXAMINER



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EFFECTIVE DATE 7/26/2011

EFFECTIVE DATE 7/26/201)

SimpleFilings

4049 Pennsylvania Ave. Suite 100 Kansas City, MO 64111 Email: LLCInc@SimpleFilings.com Fax: 866-687-7779 / Phone: 866-659-5241

Greetings,

Enclosed is an LLC application. We have enclosed the filing fee, the application, and a self-addressed stamped envelope. Please return confirmation to us in the self-addressed stamped envelope so that we may retain a copy in our customer's file and forward one on to our customer. Please feel free to call us at 866-659-5241 with any questions you may have.

Sincerely,

SimpleFilings.com/LLCInc

COVER LETTER

	COVER LETTER	6-
TO: Registrati	on Section	EFFECTIVE DATE 7/26
	f Corporations	
SUBJECT: Kos	sher Air LLC	All Some of the second of the
	Name of Limited Liability Company	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	es of Organization and fee(s) are submitted for filing.	73
Please return all con	respondence concerning this matter to the following:	
Rebec	ca Worden	
	Name of Person	
Simple	Filings.com	
	Firm/Company	
4049 P	ennsylvania Ave Ste 100	
	Address	
Kansas	City, MO 64111	
	City/State and Zip Code	"
llcinc@si	mplefilings.com	
	E-mail address: (to be used for future annual report n	otification)
For further informat	cion concerning this matter, please call:	
Rebecca Wor	den _{at (} 866) 6	59-5246
Na	ame of Person Area Code & I	Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status Certificate of Status S155.00 Filing Fee & Certified Copy (additional copy is constitution)	Certificate of Status &

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

EFFECTIVE DATE 7 26 201)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

The name of the Limited Liability Company is:

Kosher Air 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:
2643 Gulf to bay Blvd	2643 Gulf to bay Blvd
Ste 1560 #431	Ste 1560 #431
Clearwater, FL 33759	Clearwater, FL 33759

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:

NRAI Services, I	nc.	
	Name	
515 East Par	k Avenue	
Florida street address (P.O. Box NOT acceptable		
Tallahassee	_{FL} 32301	
•	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)

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:
MGRM	Jeremy Manchester 2643 Gulf to bay Blvd Ste 1560 #431 Clearwater, FL 33759
<u> </u>	
(Use attachment if necessary)	111,111 (opgrover)
	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	MMMCStever 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jeremy Manchester

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)