

L110W114119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

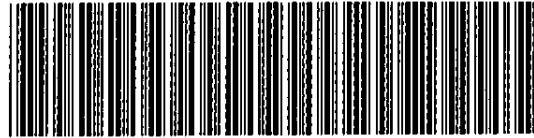
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

OCT - 5 2011

EXAMINER

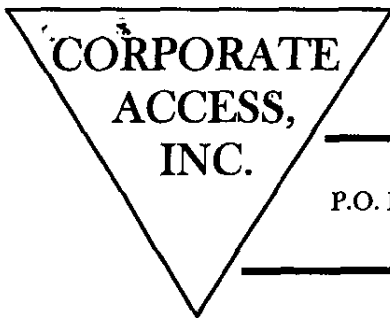


800212028278

10/06/11--01001--005 **125.00

RECEIVED
11 OCT -5 PM 2:16
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 OCT -5 PM 3:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 001-5 PM 3:50

WALK IN

PICK UP:

10/5/11 *Amde*

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1.

N736XL, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -5 PM 3:50

ARTICLE I - Name:

The name of the Limited Liability Company is:

N736XL, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

104 SE 1st Avenue, STE A
Ocala FL 34471

Mailing Address:

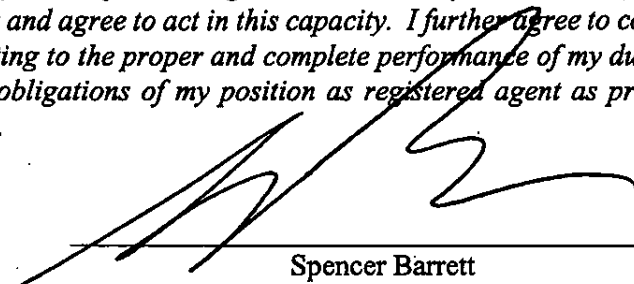
P.O. Box 270
Ocala FL 34478

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Spencer Barrett
104 SE 1st Avenue, STE A
Ocala FL 34471

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, Florida Statutes.



Spencer Barrett

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

The names and addresses of the Managers are as follows:

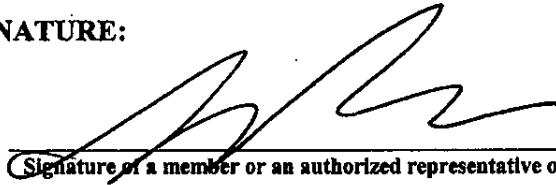
Title:

"MGR"

Name and Address:

Spencer Barrett
P.O. Box 270
Ocala FL 34478

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.)

Spencer Barrett

Typed or printed name of signee