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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JETCO, LAC.
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:
TIMOTHY CABRERA Name of Person
Name of Person
Firm/Company
6278 N FEDERAL HWY, SUITE ITS
FORT LAUDER DALE, FL 33308 City/State and Zip Code
City/State and Zip Code
TCABRERA (a) ATLANTA INTEREST. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIMOTHY CABRERA at 954 736-6144 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabasses, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JETCO, 22C (Must end with the words "Limited Liabilia	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	(Must end with the words "Limited Liability Company, "L.L.C" or "LLC.") LE II - Address: ling address and street address of the principal office of the Limited Liability Company is: Mailing Address: Mailing Address: Mailing Address: Mailing Address: Mailing Address: SUITE 175 LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 LE III - Registered Agent, Registered Office, & Registered Agent's Signature: ad Liability Company cannot serve as its own Registered Agent. You must designate an individual or another nitity with an active Florida registration.) e and the Florida street address of the registered agent, are:
Principal Office Address:	Mailing Address:
,	ı
	red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent, are:
JOHN PWILKES,	PA SSEE
901 S . FEDERAL Florida street addi	Itay Ste 101A ress (P.O. Box NOT acceptable) PA PA PA PA PA PA PA PA PA P
FORT LAUDER DALE City, Stat	FL 33316 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	iccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with his provided for in Chapter 608, F.S

Registered Agent' 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	TIMOTHY CABRERA 6278 N FEDERAL HWY # 175 FORT LAUDERDALE, FL 33308
(Use attachment if necessary)	
	ne date of filing: (OPTIONAL st be specific and cannot be more than five business

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 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.)

CABRETTA 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)
- S 5.00 Certificate of Status (Optional)