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☐ PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE BIVISION OF CORFORATION

C. LEWIS

MAR 2 0 2013

EXAMINER

(850) 245-6051.

COVER LETTER

ŢO:	Registration Section
	Division of Corporations

SUBJECT: Flightplan Collectibles, LLC

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:					
Laura Heitner					
Name of Person					
Flightplan Collectibles, LLC					
Firm/Company					
1930 SW 70 Terrace					
Address					
Plantation, FL 33317					
City/State and Zip Code					
Laura@m-dintl.com, 353,4					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Andrew Heitner at (954) 581-0377 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 & Certificate of Status □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Similar Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Zeff Executive Center Circle Tallahassee, FL 32301					

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - 1			
The name of the	e Limited Liability Compar	ny is:	
Flightplan Collectib			
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		he principal office of the Limited Liabili	ty Company is:
D 1 1000		M. W. o. A. Islamon	
Principal Offic	ce Address:	Mailing Address:	
1930 SW 70 Terra	ce	PO Box 292946	
Plantation, FL 3331	7	Davie, FL 33329-2946	
		tered Office, & Registered Agent's Sig Registered Agent. You must designate an individual	
	n an active Florida registration.)	Registered Agent. Four Intest designate air and vidual v	or another
The	ha Elavida atreat address of	Sthe wegintered executions	
the name and t	he Florida street address of	the registered agent are.	is in the contract of the cont
	Laura Heitner		易品工
	Name		SCCRETARY ISLON OF CO
	1930 SW 70 Terrace		7116-31
		eet address (P.O. Box NOT acceptable)	3 080
			AM 10: 56
	Plantation, FL 33317	ΓL	55 F
	C	ity, 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)

Page 1 of 2

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

t. 2 😘

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

<u>Title:</u>	Name and Address:	MAR 19 A
"MGR" = Manager		A/
"MGRM" = Managing Member		
MGR	Andrew Heitner	
	1930 SW 70 Terrace	
	Plantation, FL 33317	
MGRM	George Gondon	
	Glocken Strasse 63A	
	Furth Germany 90765	
MGRM	Bettina Stuppy	
	Glocken Strasse 63A	
	Furth Germany 90765	
MGRM	Laura Heitner	
	1930 SW 70 Terrace	
	Plantation, FL 33317	
(Use attachment if necessary)		
I E V. Officetive data if athor them th	to data of films, 03/15/13	(ODTIONAL)

ARTICLE V: Effective date, if other than the date of filing: 03/15/13 (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. 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.)

Laura Heitner 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)