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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

JETLAG ENTERPRISES, 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:

JOHN J. REGAN

Name of Person

JETLAG ENTERPRISES, LLC.
Firm/Company

613 S.E. 28th TERRACE

CAPE CORAL, FL 33904

City/State and Zip Code

tabootytoys@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN J. REGAN

Name of Person

at (239) 471-6649

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount

☑\$125.00 Filing Fee

S130,00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy (additional copy is enclosed)

S160.00 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 Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 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:

JETLAG ENTERPRISES, 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:

613 S.E. 28th TERRACE CAPE CORAL, FL 33904 613 S.E. 28th TERRACE CAPE CORAL, FL 33904

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:

<u>JOHN J. REGAN</u>

Name

613 S.E. 28th TERRACE

Florida street address (P.O. Box NOT acceptable)

CAPE CORAL, FL 33904

City, State and Zip

r the above stated limited ept the appointment as with the provisions of all

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)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	JOHN J. REGAN		
	613 S.E. 28 th TERRACE		
	CAPE CORAL, FL 33904		
MGRM	ERIN E. REGAN		
	613 S.E. 28th TERRACE		
	CAPE CORAL, FL 33904		
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(Use attachment if necessary)		X-2	

REQUIRED SIGNATURE:

business days prior to or 90 days after the date of filing.)

12-10-13 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.)

(If an effective date is listed, the date must be specific and cannot be more than five

JOHN J. REGAN
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)