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J. Shivers APR 2 4 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jet Board Rentals 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 Snyder
Pagnic Of Letson
Jet Board Rentals LLC Firm/Company
2481 SE Robin Cir Address
City/State and Zip Code Tohn b Snyder e gma. I. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
John b Snyder e gma. I. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Snyder at 772 631-1224 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 Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, 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

The name of the Limited Liability Company is:					
Jet Board Rentals (Must end with the words "Limite	. 110) -			
(Must end with the words "Limite	d Liability Comp	any, "L.L.C.	," or "L	LC.")	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Lim	ted Liability	Compa	ny is:	
Principal Office Address:	Mailing Ad	dress:			
2481 SE Robin Cir Port St. Lucie, FL 34952	248/ S Port St	E Robin	Cir FL	34952	
ARTICLE III - Registered Agent, Registered Office. The Limited Liability Company cannot serve as its own mother business entity with an active Florida registration. The name and the Florida street address of the registere	n Registered Age on.)			ate an individua	l or
=					
<u>John</u> Nam	e Nyaer		_		
Nam 2481 SE Florida street address (P.O. Bo Port St. Lucie City	Robin Cir	,			
Florida street address (P.O. Bo	x NOT acceptab	le)	-		
Port St. Lucie	FL	34950	2		
City		Zip	_		
Al Ad	pt the appointment of all statutes resulting at the statutes resulting at the statutes of my poter 605, F.S	nt as registerd lating to the position as reg	ed agent proper a	t and agree to ac and complete per	ct in this Jorman
Registered Agent's Bign	ature (REQUIRE	D)		MALL	14
(CONTINI	U ED)			ac in Allas	APD .
Page 1 of	72			WY MY 9:	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager FM B K	Exic Khassanov.
1311101	706 6047 1 mm 0:000
	Post Stace Fla 3495)
0	
AMBIZ	John Dnyder
	2481 SE Robin Cir
	Post St Lucie, FL 34952
ATT	
(Use attachment if necessary) CLE V: Effective date, if other than the da effective date is listed, the date must be ste of filing.)	ate of filing: April 15,2014. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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ARTICLE IV-