## L15000021891

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	——————————————————————————————————————	

Office Use Only



500268692685

02/04/15--01020--015 \*\*155.00

HOT HETEROSE TO ACKNOWLEDGE SUFFICIENCY OF FILING

DEPARIMENT OF SIGNATURE TO SERVICE TO SERVICE STATE OF SIGNATURE S

ALL ALLASSEE, FLORE

FEB -4 AH 9:

FIGHTER JET PARTNERS	SHIIC	
TOTT EN OFT TAKEN		
	•	
		<del></del>
	<del></del>	
	<del></del> -	
Thank you!		
·		
( ) Profit	() Amendment	() Merger
() Nonprofit	()::	()
( ) Foreign	() Dissolution/Withdrawal	() Mark
. , .	() Reinstatement	• •
() Limited Partnership	() Annual Report	( ) Other
(X) LLC	() Name Registration	
Formation	() Fictitious Name	() UCC
(X) Certified Copy	() Photocopies	() CUS
New Formation		
() Call When Ready	() Call If Problem	
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		<u> </u>
Name	2/4/2015	Order#:
Availability	21 112010	9430930
Document	ST	
Examiner		Ref#:
Updater		·
Verifier		
W.P. Verifier		Amount: \$

## FILED

2015 FEB -4 AM 9: 51

## ARTICLES OF ORGANIZATION OF FIGHTER JET PARTNERS II LLC

-SECRETARY OF STATE TALLAHASSEE, FLORIDA

**ARTICLE I: - Name** 

The name of the limited liability company (the "Company") is: FIGHTER JET PARTNERS II LLC

**ARTICLE II: - Address** 

The mailing address and street address of the principal office of the Company are:

One Parker Plaza, 15th Floor Fort Lee, New Jersey 07024

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324

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 605, F.S.

NRAI SERVICES, INC.

Name: Michele Holden

Title: \_\_\_ Assistant Secretary

**ARTICLE IV: - Management** 

The name and address of each person authorized to manage and control the Company is as follows:

Title: Name and Address:

MGR Robert H. Book

One Parker Plaza, 15<sup>th</sup> Floor Fort Lee, New Jersey 07024

MGR Neil W. Book

One Parker Plaza, 15th Floor Fort Lee, New Jersey 07024

MGR Joseph E. DaGrosa, Jr.

1221 Brickell Avenue, Suite 2660

Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on January 4th, 2015.

/s/ Joseph E. DaGrosa, Jr.
Joseph E. DaGrosa, Jr., authorized representative of a Member

(In accordance with section 605.0203(1)(b), 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 Section 817.155, Florida Statutes.)

Joseph E. DaGrosa, Jr.

Typed or printed name of signee

SECRETARES FLORIDA