

# L15000031162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500267689735

02/20/15--01001--019 \*\*155.00

15 FEB 19 PM 4:26

2015 FEB 19 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. Outigan FEB 19 2015



February 19, 2015

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 9449797 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Secretary of State, Florida :

Please obtain the following:

IFLY ENTERPRISES LLC (FL)  
Formation  
Florida

IFLY ENTERPRISES LLC (FL)  
Cert Copy of Articles of Org  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
~~Connie.Bryan@wolkerski.com~~

**ARTICLES OF ORGANIZATION**

**OF**

**IFLY ENTERPRISES LLC**

FILED

2015 FEB 19 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the limited liability company (hereinafter called the "limited liability company") is  
**IFLY ENTERPRISES LLC.**

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company  
is 2020 Ponce de Leon Blvd, PH-2, Coral Gables, Florida 33134.

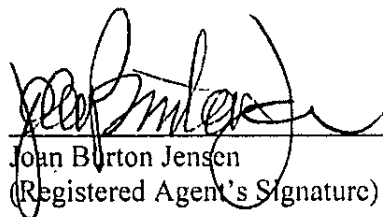
**ARTICLE III**

The period of duration for the limited liability company shall be perpetual.

**ARTICLE IV**

The name and the Florida street address of the registered agent and office are Joan Burton  
Jensen, Esq., 2020 Ponce de Leon Blvd, PH-2, Coral Gables, Florida 33134.

*Having been named as the 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.*

  
Joan Burton Jensen  
(Registered Agent's Signature)

Date: February 19, 2015

(CONTINUED)

**ARTICLE V**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

By: 

(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.)

Joan Burton Jensen, Authorized Representative of the Member  
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)

FILED  
2015 FEB 19 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA