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15 JUL 30 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2015
W PAINTER



July 27, 2015

Via First Class Mail

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Limited liability company set up

To whom it may concern:

Enclosed are the executed articles of organization form and check in the amount of \$125 to cover the requisite filing fee to set up a limited liability company named Airborn JB LLC in Florida. If you need anything further or have any issues with this filing, please call me at 703-774-1219.

Thank you for your attention to this matter.

Sincerely,

Margaret A. Loveless
Paralegal

Enclosures
PK98276

Plave Koch PLC
12005 Sunrise Valley Drive (Suite 200)
Reston, Virginia 20191
United States of America

www.PlaveKoch.com

Margaret A. Loveless
mloveless@PlaveKoch.com
direct phone 703-774-1219
direct fax 703-774-1201

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Airborn JB 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:

1440 Beach Avenue
Atlantic Beach, FL 32233

Mailing Address:

P.O. Box 50648
Jacksonville, FL 32240

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:

Greg Saig

Name

1440 Beach Avenue

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

Atlantic Beach, FL 32233

City

State

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JUL 30 AM 11:40
CLERK
STATE OF FLORIDA
HALL COUNTY
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Managing Partner

Name and Address:

Greg Saig

1440 Beach Avenue

Atlantic Beach, FL 32233

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

~~Signature of a member or an authorized representative of a member.~~

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Greg Saig

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA