

L16000071473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

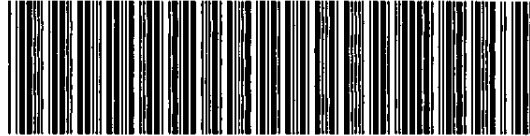
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700283595557

03/22/16--01018--015 **130.00

L-16-3223057

FILED
16 APR 12 PM 4:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04-1316

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAITI AIRWAYS, 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:

PAUL EMILE CILIEN

Name of Person

HAITI AIRWAYS, LLC

Firm/Company

9616 BEMBRIDGE MILL DR

Address

JACKSONVILLE FL 32244

City/State and Zip Code

paulecilien@yahoo.com

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

For further information concerning this matter, please call:

PAUL EMILE CILIEN

904

762-6871

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2016

PAUL EMILE CILIEN
9616 BEMBRIDGE MILL DR
JACKSONVILLE, FL 32244

SUBJECT: HAITI AIRWAYS, LLC
Ref. Number: W16000023057

We have received your document for HAITI AIRWAYS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 016A00006382

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAITI AIRWAYS, 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:

9616 BEMBRIDGE MILL DR
JACKSONVILLE FL 32244

9616 BEMBRIDGE MILL DR
JACKSONVILLE FL 32244

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:

PAUL EMILE CILIEN

Name

9616 BEMBRIDGE MILL DR

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

JACKSONVILLE FL 32244

City

State

Zip

FILED
16 APR 12 PM 1:50
TALLAHASSEE, FL
SECRETARY OF STATE

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

PAUL EMILE CILIEN

9616 BEMBRIDGE MILL DR

JACKSONVILLE FL 32244

AMBR

SERGOT JN BAPTISTE PIERRE

9616 BEMBRIDGE MILL DR

JACKSONVILLE FL 32244

(Use attachment if necessary)

FILED
16 APR 12 PM 4:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

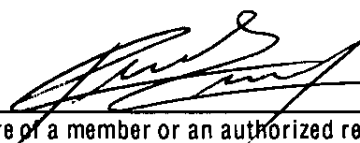
ARTICLE V: Effective date, if other than the date of filing: 17 OF MARH 2016 (OPTIONAL)

(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.

PAUL EMILE CILIEN

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)