Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SURFAULOR SERVICES

FLORIDA LIMITED LIABILITY CO. MML JETS, LLC

Certificate of Status	
	- 0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

June 13, 2017

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

SUBJECT: MML JETS, LLC

REF: W17000049537

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

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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.

Carlos E Rico Regulatory Specialist II FAX Aud. #: H17000156967 Letter Number: 017A00011957

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: MML Jets, 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: 1517 Perimeter Road Suite 532 1517 Perimeter Road Suite 532 West Palm Beach, FL 33406 West Palm Beach, FL 33406 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: Lee Simon Name 9481 Eden Roc Court Florida street address (P.O. Box NOT acceptable)

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.

Delray Beach

City

Lee Simon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Marjet Charter Consulting LLC
	9297 Tropez Lane
	Delray Beach, FL 33446
AMBR	MJL Worldwide Inc
	6644 Dana Point Cove
	Delray Beach, FL 33446
AMBR	Lil Romeo LLC
	9481 Eden Roc Court
	Delray Beach, FL 33446
V: Effective date, if other than the	date of filing:
V: Effective date, if other than the citive date is listed, the date must be filing.) the date inserted in this block does need to be determined in the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no
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V: Effective date, if other than the extive date is listed, the date must be filing.) he date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex I am aware that any if	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no ent of State's records. Lee Simon member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

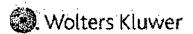
FAX COVER SHEET

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FAXNUMBER	18506176381	
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Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



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