

L 17000128734

From 188.897420 L. 18.889742 Tue Jun 13 13:19:17 2017 DOT Page 4 of 4

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
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MML JETS, LLC

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

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TALLAHASSEE, FLORIDA



June 13, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations
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:

1517 Perimeter Road Suite 532
West Palm Beach, FL 33406

Mailing Address:

1517 Perimeter Road Suite 532
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)

Delray Beach

FL

33446

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.

Lee Simon

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

AMBR

Name and Address:

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

(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:



Lee Simon

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.

Lee Simon

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)

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18506176381

FROM Ranae McGraw

DATE 2017-06-13 13:20:45 CST

RE UHealthVenturesHoldingCompanyLLC.

COVER MESSAGE

Kaity Toon
Fulfillment Specialist
Fulfillment Operations
CT Corporation

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



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
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