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(Re	equestor's Name)	
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COVER LETTER

TO: New Filing Se Division of Co			
	Fly Salez	Ent	
SUBJECT:	Name of Lin	mited Liability Company	
The enclosed Articles of	of Organization and fee(s) are	re submitted for filing.	
Please return all corresp	pondence concerning this ma	atter to the following:	
	Ro	anell Tillery Jr	_
		Name of Person	
			_
<u></u>			
	3401	O Uld Bainbridge Rd Unit 408	
		O Old Bainbridge Rd Unit 408 Address	
	Tallaha	ssee, FL 32303	_
	Rani	City/State and Zip Code // tillery jr al yahos. com	
	E-mail address: (to be used	d for future annual report notification)	_
For further information	concerning this matter, pleas	ise call:	0.5
<u>Rane</u>	11 Tilley Jr at (Area Code Daytime Telephone Number	10 JUH 22 1
Enclosed is a check to	or the following amount:		13. T.
		\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	4 7
Nev Div	ulling Address w Filing Section rision of Corporations D. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Fly Solez Ent LLC
(Must contain 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: 3400 Old Bain bridge Rd Unit 408 Tallahassee, FL 32303 Mailing Address:
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: Rane Tillery Jr
Ranell Tillery Jr Name 3400 Old Bainbridge Rd Unit 408
Florida street address (P.O. Box NOT acceptable)
Yallahassee FL 32303 City State Zip
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
had the
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Manell Tillery Jr 3400 Old Boinbridge Rd Tallahassee FL 32903
AMBR	Alfred Arnold 3222 Albert Dr Tallahassee, FL 32309
AMBR AMBR	Greg Ransom 1203 W Pensacola St. Apt. 63 Tallahassee, FL 32304
AMBR	Duane Sink 2750 Old St Augustine Rd Apt. E-41 Tallahassee, FL 32301
(Use attachment if necessary)	
(If an effective date is listed, the date must be speci- the date of filing.) <u>Note:</u> If the date inserted in this block does not mee	filing:
the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	
	had all
REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false is constitutes a third degree f	Typed or printed name of signee

Filing Fees:

271 JU122 71 4:55

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-