

Division of Corporations

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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : 120190000020  
Phone : (786) 953-7449  
Fax Number : (786) 953-7450

\*\*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.  
IFLYPLANET LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

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**Articles of Organization  
For  
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Article of Organization:

**Article I**

The name of the limited liability company is:  
IFLYPLANET LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5325 NW 189 STREET  
MIAMI GARDENS, FL. 33055

The mailing address of the Limited Liability Company is:  
5325 NW 189 STREET  
MIAMI GARDENS, FL. 33055

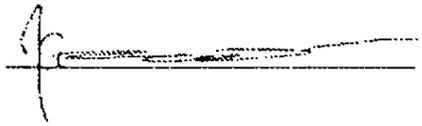
**Article III**

Other provisions, if any:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
ROCIO DEL PILAR DUARTE  
5325 NW 189 STREET  
MIAMI GARDENS, FL. 33055

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: 

STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**Article V**

The name and address of person(s) authorized to manage the LLC:

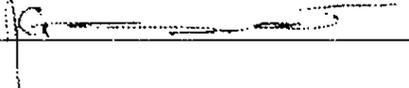
Title: MGRM  
ROCIO DEL PILAR DUARTE  
5325 NW 189 STREET  
MIAMI GARDENS, FL. 33055

**Article VI**

The effective date of this Limited Liability Company Shall be:

06/04/2019

Signature of member or an authorized representative:

Signature: 

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.