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(Requestor's Name)
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PICK-UP WAIT MAIL
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:1:220

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 179767 7357432
AUTHORIZATION publication
COST LIMIT (\$\forall 125.00
ORDER DATE : February 13, 2020
ORDER TIME : 10:54 AM
ORDER NO. : 179767-005
CUSTOMER NO: 7357432
DOMESTIC FILING
NAME: HATHAWAY JET TRANSPORATION, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Robert Branch - EXT. 62512
EXAMINER'S INITIALS:

COVER LETTER

	w Filing Sec				
01101000		Jet Transportation, LL0	С		
SUBJECT:		Name of	Limited Lial	pility Company	
The enclose	d Articles of	Organization and fee(s	s) are submitt	ed for filing.	
Please return	n all correspo	ondence concerning this	s matter to th	e following:	
	William G. I	Hathaway			
•			Name	of Person	· · · · · · · · · · · · · · · · · · ·
	Hathaway Je	et Transportation, LLC			
			Firm/	Company	
	141 Sandcha	ise Circle			
-			Ad	dress	· -
	Inlet Beach,	FL 32461			
•	-		City/State	and Zip Code	
<u>b</u>		noregon.com			
	ŀ	z-mail address: (to be u	ised for futur	e annual report notificat	ion)
For further in	formation co	ncerning this matter, pl	case call:		
,	William G. F		336 (407-8698)	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed is:	a check for ti	he following amount:			
■\$125.00 F		□\$130.00 Filing For Certificate of Status	Cert	155.00 Filing Fec & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address ding Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Eminted Elability Company is.	
Hathaway Jet Transportation, Ll.C	
(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
141 Sandchase Circle	141 Sandchase Circle
Inlet Beach, FL 32461	Inlet Beach, FL 32461
	
ARTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:

Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
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.

(CONTINUED)

2020 FEB 13 PH 2: 45

MGR William G. Hathawav 141 Sandchase Circle Inlet Beach, FL 32461 Ise attachment if necessary) V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:
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V: Effective date, if other than the date of filing:	V: Effective date, if other than the date of filing:
VI: Other provisions, if any.	
	EQUIRED SIGNATURE:
EQUIRED SIGNATURE:	Signature of a member of a mem
160. D. Atterney	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statu	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
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statu I am aware that any false information submitted in a document to the Department of St	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 Stat constitutes a third degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

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