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DATE:

3/12/20

NAME: JSP AVIATION LLC

TYPE OF FILING: ARTICLES

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155.00

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

		/IATION, LLC	
SUBJECT		imited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
	n all correspondence concerning this	_	
	Y	'OLANDA ROBINSON	
		Name of Person	
		ATC	
		Firm/Company	
	4020 W	. GOELLER BLVD, SUITE B	
		Address	
	(COLUMBUS, IN 47201	
		City/State and Zip Code	<u> </u>
_		@STSHOLDINGS.COM ed for future annual report notifica	tion)
For further in	formation concerning this matter, plea	•	
•	YOLANDA ROBINSON	812 342 - 9589	
-	at (Area Code Daytime Telepho	ne Number
		, ,	
Enclosed is	a check for the following amount:		
□\$125.00	Filing Fee □\$130.00 Filing Fee Certificate of Status	& =\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	2
	New Filing Section Division of Corporations	New Filing Section D The Centre of Tallah	
	P.O. Box 6327	2415 N. Monroe Stro	eet, Suite 810
	Division of Corporations	The Centre of Tallah	nassee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 MAR 12	ÀH 10: 14
SECRETARY TALLAHAS	OF STATE

The name of the Limited Liability Company is:

JSP AVIATION, LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

	Principal Office Address:		Mailing Address:
	EAN BLVD_	1706 NI	E OCEAN BLVD
STUART, FI	L 34996	STUAR	T. FL 34996
	with an active Florida registration		must designate an individual o
her business entity	with an active Florida registration a street address of the registered a	.)	must designate an individual o
her business entity v	with an active Florida registration a street address of the registered a	agent are:	must designate an individual o
ther business entity	with an active Florida registration a street address of the registered a	J. ANSON, JR.	must designate an individual o
ther business entity	with an active Florida registration a street address of the registered a	agent are: J. ANSON, JR. Name E OCEAN BLVD	
ther business entity	with an active Florida registration a street address of the registered a PHILIP 1706 NE	agent are: J. ANSON, JR. Name E OCEAN BLVD	

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.,

Puika D Ancon D

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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1	\mathbf{r}		LJE.	,,,-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authoriz	Name and Address: ed Member
"MGR" = Manager	
AMBR	AGA HOLDINGS, LLC 2000 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957
MGR	PHILIP J. ANSON, JR. 1706 NE OCEAN BLVD STUART, FL 34996 LANGE STATE AH 10: 14
· -	
	AHIO
	<u></u>
(If an effective date is listed, t the date of filing.)	fother than the date of filing:
	on the Department of State's records.
ARTICLE VI: Other provision	s, if any.
REQUIRED SIGNA	TURE: Puilip D Anson D
Lam	Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, aware that any false information submitted in a document to the Department of State itutes a third degree felony as provided for in s.817,155, F.S.
	PHILIP J. ANSON, JR.
	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)