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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO:

New Filing Section

Division of Corporations	
SUBJECT: N561TB HOLDINGS, LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BRIAN PAUL	
Name of Person	
VALOR JETS, INC.	
3983 DESTINATION DRIVE, UNITZ	7ه
City/State and Zip Code 13 P D UPLOR JETS. (6M) E-mail address: (to be used for future annual report notification)	ı
For further information concerning this matter, please call:	
BRIVAN PAUL at (941) 320-3131 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$125.00 Filing Fee & \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3983 DESTINATION DR	SAME
UNIT 207	
05PREY FL 34729	

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:

UNLOR JETS, INC.

3983 OESTINATUN OR UNIT ZO7
Florida street address (P.O. Box NOT acceptable)

OSPRZY FL 34229

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..

Registered Agent 3 Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MEMBER	BRIAN PAUL 3983 DRSTINATIN DR. UNIT 20 058024, EL 34229
(Use attachment if necessary)	
f an effective date is listed, the date must leaded at the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

Filing Fees:

Signature of a member or an adinorized 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

BRIAN PAW
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)