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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

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SECRETARY OF STATE

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CORPORATE

When you need ACCESS to the world

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

WALK IN

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	PICK UP: 12/10/2020							
	M C	CERTIFIED COPY PHOTOCOPY						
	хx	CUS	CERTIFICATE OF STATUS					
	хх	FILING						
1.		N347TX HOLDINGS, LLC (CORPORATE NAME AND DOCUMENT	Γ#)					
2.		(CORPORATE NAME AND DOCUMEN	Γ#)					
3.		(CORPORATE NAME AND DOCUMEN'	Γ#)					
4.		(CORPORATE NAME AND DOCUMENT	Γ#)					
5.		(CORPORATE NAME AND DOCUMEN	Γ#)					
6.		(CORPORATE NAME AND DOCUMEN	Γ#)					
	ECIA STRU	L CTIONS:						

COVER LETTER

	ew Filing Section livision of Corporations		
SUBJECT	. N347TX	Holdings, LLC.	
	·	imited Liability Company	
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	irn all correspondence concerning this r	natter to the following:	
	Brian Paul		
		Name of Person	
	Valor Jets, Inc.		
		Firm Company	
	3983 Destination Drive, Unit	207	
		Address	
	Osprey, FL 34229		
		City State and Zip Code	
	_bp@valorjets.com		
	ti-mail address: (to be use	d for future annual report notification	
For further i	nformation concerning this matter, plea	se call:	
	Brian Paul at (941) 320-3131	
	Name of Person	Area Code Daytime Telephone N	umber
Enclosed is	s a check for the following amount:		
\$125.00 F		S155.00 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	
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

2020 DEC 10 PM 3: 11

N347TX Holdings, LLC.

SECRETARY OF STATE TALLAHASSEE, FL

Mailing Address: Mailing Address: 3983 Destination Drive Unit 207 Oscrey, FL 34229 Registered Agent's Signature: gistered Agent. You must designate an individual or ent are:					
Mailing Address: 3983 Destination Orive Unit 207 Oscrey, FL 34229 Registered Agent's Signature: gistered Agent. You must designate an individual or					
3983 Destination Orive Unit 207 Oscrey, FL 34229 Registered Agent's Signature: gistered Agent. You must designate an individual or					
Oscrey, FL 34229 Registered Agent's Signature: gistered Agent. You must designate an individual or					
Oscrey, FL 34229 Registered Agent's Signature: gistered Agent. You must designate an individual or					
Registered Agent's Signature: gistered Agent. You must designate an individual or					
gistered Agent. You must designate an individual or					
or Jets. Inc.					
ame					
stination Dr. Unit 207					
Florida street address (P.O. Box NOT acceptable)					
FL 34229					
<u>s</u>					

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's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MEMBER	Brian Paul
	3983 Destination Dr. Unit 207
	Osprey, FL 34229
	S 128.2
	SECRE:
	PH 3: 1
	
(Use attachment if necessary)	(*)
If an effective date is listed, the date mus he date of filing.)	the date of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is I am aware th a ra	of a member or an authorized representative of a member. Sexeguted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.
	Brian Paul

Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)