L21000051613

(Requestor's Name)					
(Address)					
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(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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02/09/21--01022--025 **125.00



2021 FEB - 9 PM 2: 5.3

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JET SET PROFILES, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сен. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
o.g.nuttire	Vehicle Search
	Driving Record
Requested by: Seth 02/08/21	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Jet Set Profiles, LLC		_
(Must o	contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal office of the	Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
1560 Sawgrass Corporate Parkway, 4TH Floor		1560 Sawgrass Corporate Parkway, 4T	"LL Eloos
1000 Sawgrass	Corporate a time really a corporate to the corporate to t		11 1,1001
Sunrise, FL 33 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registered an active Florida registration.)	Sunrise_F1_33323 red Agent's Signature: Agent. You must designate an individual or	
Sunrise, FL 33 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Register	Sunrise F1, 33323	2091 FEB -
Sunrise, FL 33 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registered anny cannot serve as its own Registered an active Florida registration.)	Sunrise F1, 33323	2001 FEB −9
Sunrise, FL 33 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registered any cannot serve as its own Registered an active Florida registration.) Teet address of the registered agent are: AIA Registered Agent Name 5647 110th Avenue N	Sunrise F1. 33323 red Agent's Signature: Agent. You must designate an individual or nt Inc	2071FEB-9 PH
Sunrise, FL 33 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registered any cannot serve as its own Registered an active Florida registration.) reet address of the registered agent are: AIA Registered Agen Name	Sunrise F1. 33323 red Agent's Signature: Agent. You must designate an individual or nt Inc	207:FEB-9 PH 2:
Sunrise, FL 33 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registered any cannot serve as its own Registered an active Florida registration.) Teet address of the registered agent are: AIA Registered Agent Name 5647 110th Avenue N	Sunrise F1. 33323 red Agent's Signature: Agent. You must designate an individual or at Inc NOT acceptable)	2071FEB-9 PH

(CONTINUED)

Tuna Maki
Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = An	thorized Member	Name and Address:		
"MGR" = Man				
		James Brewster		
		1560 Sawgrass Corporate Parkway, 4TH Floor Sunrise, FL 33323		
				
				
			······································	
				
(Use attachmer	nt if necessary)			
an effective date is li date of filing.) ite: If the date inserte	sted, the date must be spec ed in this block does not me	f filing: ific and cannot be more than five busing the applicable statutory filing require	ness days prior to or 90 days afte	
TICLE VI: Other pro	e date on the Department of ovisions, if any.	State's records.		
REQUIREDS	SIGNATURE:			
MEXCHED.		In many Busy waters		
	Signature of a men This document is execute I am aware that any false i	nber or an authorized representative of d in accordance with section 605.0203 (information submitted in a document to the felony as provided for in s.817.155, F.S.	l) (b), Florida Statutes. he Department of State	
		James Brewster		
		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)