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(Requestor's Name)
(Address)
(Address)
(1.001.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
1

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09/11/21--01009--011 **160.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: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:
Anastasia Diamond Name of Person
Momo Jet Firm/Company
1832 Spruce Creek Blud. Texiway B
Port Orange, FL. 32128 City/State and Zip Code MomoTet @ proton mail. (com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anastasiz Diamond at (386) 386 366 OKY Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Momo	Jet LLC.		
(Must contai	in the words "Limited Liabil	ity Company,	"L.L.C.," or "LUC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal office of	of the Limited	Liability Company is:
Principa	Office Address:		Mailing Address:
1832 Spri Faviwzy P Port Orenge	Jee Creck Blud FL 32128	<u>19</u> 	132 Spruce Creck Blud Port Orzner, FL. 32128
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its own Regi-	gistered Agei stered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registered agen	t are:	
	Anastasiz		ond
	Nan	ne	01 1
	1832 Spru	ce (recl	k 15/0d
	Florida street address (P.C	. Box <u>NOT</u> a	acceptable)
	Port Drange	FL	32128
	City	State	Zip
place designated in this certificate, i further agree to comply with the pro	l hereby accept the appointm ovisions of all statutes relatin	ent as register g to the propei	e above stated limited liability company at the red agent and agree to act in this capacity. I r and complete performance of my duties, and i

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" ≃ Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Frank Bottoms III 1832 Spruce Creek Blud Port Orange, FL 32128
AMBR	Anastasia Dizmond 1832 Spruce Creek Volva Port Crange, FL. 32128
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records
•	nt of state s records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Dien	none
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
A. Ois	emond
	Typed or printed name of signee