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Florida Department of S

Division of Corporations
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Phone : (800)342-9856
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.**
**AMERICAN CHARTERLINES LLC**

| | |
|---|---|
| Certificate of Status | 0 |
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| Estimated Charge | $125.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

American Charterlines LLC
(Must contain the words "Limited Liability Company," "L.C.," or "L.L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
9374 Royal Estates Blvd
Orlando, FL 32836

Mailing Address:
9374 Royal Estates Blvd
Orlando, FL 32836.

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:

Keith Monti
Name

9374 Royal Estates Blvd
Florida street address (P.O. Box NOT acceptable)

Orlando FLORIDA 32836
City State Zip

*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.*

Keith Monti
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

| Title: "AMBR" – Authorized Member "MGR" – Manager | Name and Address |
|---|---|
| AMBR | Keith Monti 8314 Royal Estates Blvd Orlando, FL. 32836. |
| AMBR | James Graham SR. 2 Kerwin Court Manalapan, NJ 08852 |
| AMBR | Joseph Graham 2902 Bayview Ave Wantagh NY 11793 |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Keith Monti

Signature of a member or an authorized 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 constitutes a third degree felony as provided for in s.817.155, F.S.

Keith Monti
Typed or printed name of signee