

L97000000923

**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

100002272821--5
-08/20/97--01106--008
****293.75 ****293.75

SUBJECT: FlySafe Services, LLC
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent
\$ 8.75 Enclosed for certificate

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.
Please send one check for the total amount made payable to the Florida Department of State.

FROM: Sandra B. Moore
Name (Printed or typed)

6457 Pottsburg Dr.
Address

Jacksonville, FL. 32211
City, State & Zip

904-727-7707
Daytime Telephone number

FILED
97 AUG 20 PM 2:01
TALLAHASSEE, FLORIDA

Done
8/21/97

FILED
97 AUG 20 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

FlySafe Services, LLC

ARTICLE II

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

**6457 Pottsburg Drive
Jacksonville, FL 32211**

ARTICLE III

The period of duration for the Limited Liability Company shall be until:

31 December, 2005

ARTICLE IV

The Limited Liability company is to be managed by a manager and the name and address of that manager is:

**Sandra B. Moore
6457 Pottsburg Drive
Jacksonville, FL 32211**

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member and manager of

FlySafe Services, LLC

deposes and says:

1. The above named Limited Liability Company has at least two members, and
2. the total amount of cash contributed by the members is \$10,000.00, and
3. the total amount of cash or property anticipated to be contributed by members is \$10,000.00.


Signature of: Sandra B. Moore, Manager/Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

FlySafe Services, LLC

2. The name and address of the registered agent and office is:

Sandra B. Moore

(NAME)

6457 Pottsburg Drive

(P. O. Box NOT ACCEPTABLE)

Jacksonville, FL 32211

(CITY/STATE/ZIP)

FILED
AUG 20 PM 2:10
TALLAHASSEE
FLORIDA

*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.*

Sandra B. Moore

August 12, 1997