198000000619

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

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

SUBJECT:

NORTHERN CARIBBEAN CHARTER SERVICES LLC

(Proposed limited liability company name - must include suffix)

700002523677--2 -05/14/98--01082--002 ****451.25 ****451.25

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

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 \$2250.80 Please send one check for the total amount made payable to the Florida Department of State.

FROM: RICHARD A. REPOSA

Name (Printed or typed)

2929 EAST COMMERCIAL BLVD. SUITE 409
Address

FORT LAUDERDALE, FLORIDA 33308

City, State & Zip

(954) 491-1950

Daytime Telephone number

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTHERN CARIBBEN CHARTER SERVICES LLC

ARTICLE II - Address:

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

2929 EAST COMMERCIAL BLVD. SUITE 409. FORT LAUDERDALE, FLORIDA 33308

ARTICLE III - Duration:

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

May 31, 2008

ARTICLE IV - Management: (check and complete the appropriate statement)

8 MAY 14 AM 9: 2!
SECRETARY OF STATE
ALLAHASSEE, FLORID

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

RICHARD A. REPOSA
2929 EAST COMMERCIAL BLVD. SUITE 409
FORT LAUDERDALE, FL 33308

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

| The undersigned member or authorized representative of a member of | _ | |
|--|---------------|---|
| NORTHERN CARIBBEAN CHARTER SERVICES LLC deposes and say | 98 | |
| 1) the above named limited liability company has at least two members 2) the total amount of cash contributed by the member(s) is 3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto. | NAY IN MI 625 | |
| 4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above. | 00,000 | _ |

Signature of a member or authorized representative of a 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: | NORTHERN | CAPIBBEAN | CHART | ER | |
|--|---|----------|--------------------------|-------------------|--------------|--|
| | SERVICES LLC | | , s | | | |
| The name and address of the registered agent and office is: RICHARD A. REPOSA (NAME) | | | | SECRL TARY OF STA | S WY 11 WW 8 | |
| | | | | N TO | 25 | |
| | 2929 EAST COMMERCIAL BLVD. SUI | TE 409 | <u>.</u> | | | |
| | (P. O. Box <u>not</u> accep | TABLE) | | | | |
| | FORT LAUDERDALE, FLORID 33308 (CITY/STATE/ZIP | · •) | e. S. graphic en c. e | | | |

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.



Filing Fee: \$35 for Designation of Registered Agent