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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | ew Filing Section ivision of Corporations | | |
|-------------------|---|---|---|
| SUBJECT | J.E.T. ALLIANCE, LLC | | |
| SOBJECT | | Limited Liability Company | |
| The enclos | ed Articles of Organization and fee(s) | are submitted for filing. | |
| Please retu | rn all correspondence concerning this | matter to the following: | |
| | TYANEISHA ALEXIS LAW | | |
| | | Name of Person | |
| | J.E.T. ALLIANCE, LLC | | |
| | | Firm/Company | |
| | 20730 S.W. 119TH COURT | | |
| | | Address | · |
| | MIAMI, F.L. 33177 | | |
| | mu | City/State and Zip Code | |
| - | TYANEISHA@OUTLOOK.COM | 10.0 | |
| | E-mail address: (to be u | sed for future annual report notificati | on) |
| For further i | nformation concerning this matter, ple | ease call: | |
| | TYANEISHA A. LAW at | · · · · · · · · · · · · · · · · · · · | ····· |
| | Name of Person | Area Code Daytime Telephone | e Number |
| Enclosed is | s a check for the following amount: | | |
| ⊠ \$125.00 | Filing Fee | : & □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street Address | |
| | New Filing Section | New Filing Section Di | |
| | Division of Corporations | The Centre of Tallaha | |
| | P.O. Box 6327 Tallahassee, FL 32314 | 2415 N. Monroe Stree Tailahassee, FL 3230 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | | |
|---|---|--------------------------|--|--|--|--|
| The name of the Limited Liability | Company is: | | | | | |
| | | | | | | |
| J.E.T. ALLIANCE, I | LC | | | | | |
| (Must contai | n the words "Limited | Liability Compa | my, "L.L.C.," or "LLC.") | | | |
| ADTICLE H. Address. | | | | | | |
| ARTICLE II - Address: The mailing address and street add | lress of the principal of | office of the Lim | ited Liability Company is: | | | |
| , iii iiiiiiig aaarem ana an oo taa | | | ned Buerny Conquity is. | | | |
| Principal Office Address: | | | Mailing Address: | | | |
| 20730 S.W. 119TH COURT | | | 20730 S.W. 119TH COURT | | | |
| MIAMI, FL 33177 | | | MIAMI, FL 33177 | | | |
| <u> </u> | | | | | | |
| ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac The name and the Florida street ac | annot serve as its owi tive Florida registrati | n Registered Age on.) | Agent's Signature: ent. You must designate an individual or | | | |
| | · · | • | | | | |
| | TYANEISHA AL | | | | | |
| Name | | | | | | |
| 20730 S.W. 119TH COURT | | | | | | |
| | Florida street addres | ss (P.O. Box <u>NC</u> | T acceptable) | | | |
| | МІАМІ | FL | 33177 | | | |
| | 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

| "AMBR" = Aut "MGR" = Mana | | |
|---|--|-------------|
| | *************************************** | |
| | | |
| AMBR/MGR | 20730 S.W. 119TH COURT | |
| | MIAMI FL 33177 | |
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| ument's effective | date on the Department of State's records. | be list |
| ument's effective | visions, if any. IGNATURE: January J | be list |
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| ument's effective LE VI: Other proventies REOUIRED SI | 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. | be list |
| ument's effective LE VI: Other prov REOUIRED SI | 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 | be list |
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| REQUIRED SI \$125.00 Filing \$ 30.00 Certi | 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. TYANEISHA ALEXIS LAW Typed or printed name of signee Filing Fees: | be lis 2024 |