

LO3 0000 13308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

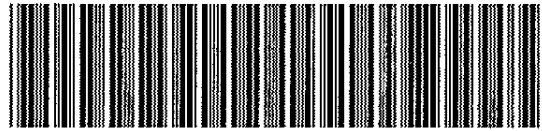
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LO3-13308

OR



ACCOUNT NO. : 072100000032

REFERENCE : 034420 89162A

AUTHORIZATION : *Patricia Pizich*

COST LIMIT : \$ 155.00

ORDER DATE : April 14, 2003

ORDER TIME : 9:09 AM

ORDER NO. : 034420-005

CUSTOMER NO: 89162A

CUSTOMER: Maurice J. Baumgarten, Esq  
Anania, Bandklayder,  
Blackwell, Baumgarten, Torrice  
Suite 4300, Bank Of America  
Tower 100 Southeast Second  
Miami, FL 33131

DOMESTIC FILING

NAME: M3AVIATION, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M3Aviation, LLC

**ARTICLE II - Address:**

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

14110 Leaning Pine Drive, Miami Lakes, Florida 33014

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Maurice J. Baumgarten

Name

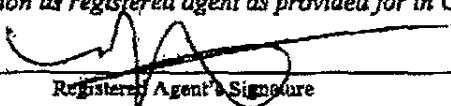
100 S.E. 2nd Street, Suite 4300

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33131

City, State, and 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 608, F.S.*

  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Giuseppe De Angelis  
Signature of a member or an authorized representative of a member.

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

GIUSEPPE DE ANGELO

Typed or printed name of signer

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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