

LOS0000 36007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

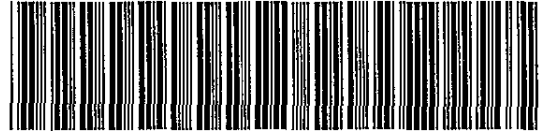
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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Air Capital Partners, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MARCO POSSATI  
(Name of Person)

Air Capital Partners, LLC  
(Firm/Company)

295 GREENWICH ST., # 505  
(Address)

NEW YORK, NY 10007  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO POSSATI at ( 646 ) 837-0515  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**STATE OF FLORIDA  
ARTICLES OF ORGANIZATION  
OF  
AIR CAPITAL PARTNERS, LLC**

These Articles of Organization of AIR CAPITAL PARTNERS, LLC, a Florida limited liability company (the "Company"), dated as of the 6th day of April, 2005, are being duly executed and filed by Marco Possati, who is authorized to form a limited liability company under the Florida Limited Liability Company Act (Chapter 608 of Florida Statutes).

**ARTICLE I - Name:** The name of the limited liability Company is:  
**AIR CAPITAL PARTNERS, LLC**

**ARTICLE II - Address:** The principal address and mailing address of the Company is:  
295 Greenwich St., Suite 505, New York, NY 10007

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

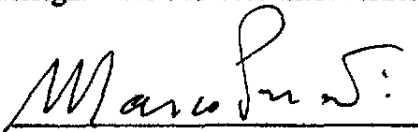
The Registered Agent and Registered Office for service of process is as follows:

**Name:** Carlos Obregon  
**Address:** 8100 SW 19 ST  
Miami, Florida 33155

*Having been named to accept service of process for the Company named above, at the place designated in this certificate, I agree to act in that capacity and to comply with the provisions of the Florida Limited Company Act and all other applicable laws, relative to the proper and complete performance of my duties as registered agent.*

  
Carlos L Obregon, Registered Agent

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the date first above written.

  
Marco Possati, Authorized Person

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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