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Florida Department of State  
Division of Corporations  
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*Barbra*

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AIRLINE TECH TRAINING LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

*Barbra*

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

AIRLINE TECH TRAINING LLC

**ARTICLE II- Address:**

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

Principal Office Address:

900 East Michigan Street  
Orlando, FL 32806

Mailing Address:

900 East Michigan Street  
Orlando, FL 32806

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

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

\_\_\_\_\_  
Name

900 EAST MICHIGAN STREET

\_\_\_\_\_  
Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32806

\_\_\_\_\_  
City, State, and Zip

*Having been named as registered agent 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 positions as registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:  
"MGR"- Manager  
"MGRM"- Managing Member

Name and Address:

MGRM

GUSTAVO ADOLFO TERMINE

900 East Michigan Street  
Orlando, FL 32806

MGRM

MARIA DEL PILAR SOSA

900 East Michigan Street  
Orlando, FL 32806

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

*Rouph-Annou*  
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.)

RAY N. BRUMER  
Typed or printed name of signer

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