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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 022073 8064336 **AUTHORIZATION:** COST LIMIT : ORDER DATE: February 18, 2016 ORDER TIME : 3:31 PM ORDER NO. : 022073-005 CUSTOMER NO: 8064336 DOMESTIC FILING NAME: CRYSTAL LUXURY AIR, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CRYSTAL LUXURY AIR, 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:
LYALL J. DUNIAN Name of Person
Name of Person
CRYSTAL CRUISES, LLC Firm/Company
1501 BISCAYNE BLUD. SUITE SO
Address
MIAMI, FL 33137
MIAMI FL 33137 City/State and Zip Code City/State and Zip Code Cry Haler Low Low Communication E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
[ZICHAPD ZISKIND at (786) 376 977 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:				
(Must enc	CRYSTAL with the words "Limited			ILLC	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limite	ed Liability Company is:		
Princi	onl Office Address:		Mailing Ade	<u>iress</u> :	_
SUITE MIAMI	ENO BLUI	<u> </u>		3313	2 Z
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent on.)		ndividual or	
The name and the Florida stree	address of the registered	l agent are:			
	Corporation Service	Company Name			
		Name			
	1201 Hays Street	- (D.O. 0 NOT	`		
	Florida street address	s (P.O. Box 201	(acceptable)		
	Tallahassee, FL 3230				
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the pain familiar with and accept the o	c. I hereby accept the apporovisions of all statutes rebligations of my position Corporation Ser By:	ointment as registed along to the proper as registered ager	ered agent and agree to ac er and complete performa n as provided for in Chupt	rt in this capacity. I nee of my duties, and	Zender
		(CONTINUED))		
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	ion authorized to manage and control the Limited Liability Con	пралу;		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
MUR	Edje RODRICHEZ			
	1764 VICTORIA POINTE	CIPC	74	
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MGE	THOMAS MAZLOU	H. E.	JUIT	-2
	REDONDO BLAYH CA	9027	1	<u> </u>
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	BONITA SOUNDS FEL	34/3)	~	
	75677, (17 G) - 1 - 1	,		
(Use attachment if necessary)				
·				
ARTICLE V: Effective date, if other than the	e date of filing: (OPTION be specific and cannot be more than five business days prior	AL) stoos 00 de	64.	
he date of filing.)	be specific and cannot be more than five business days prior	7 to or 90 as	iys ame	r
Note: If the date inserted in this block does	not meet the applicable statutory filing requirements, this dat	e will not be	e listed	as
the document's effective date on the Depart	ment of State's records.			
RTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:				
/	(IN DI			
Signature of	a member or an authorized representative of a member.			
This document is a	executed in accordance with section 605,0203 (1) (b), Florida			
constitutes a third	y false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	of State		
	Typed or printed name of signee			
		SS A	5	
\$125.00 Filing Fee for Articles	Filing Fees: of Organization and Designation of Registered Agent	ECH ECH		
\$ 30.00 Certified Copy (Option		≜ E	££8	-14
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ARTICLE IV-