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FLORIDA DEPARTMENT OF STATE

(Second Edition)
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August 21, 2004

MEMORANDUM

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1-403410000-11144157

(CERTIFICATE OF LIMITED LIABILITY)

1. Charter Airway, Inc.
(Name of the corporation or partnership and its full name as it appears in the State of Florida or in the State of New York)
2. 18487 Bond Lake Drive, Boca Raton, FL 33488
(Principal office or principal place of business)
3. Max Moosiss
(Name of the registered agent and his or her address)
4. 18487 Bond Lake Drive, Boca Raton, FL 33488
(Principal office or principal place of business)
5. [Signature]
(Registered agent and his or her address as it appears in the State of Florida or in the State of New York)
6. 18487 Bond Lake Drive, Boca Raton, FL 33488
(Address of the principal office or principal place of business)

7. The business of the corporation or partnership is to be conducted in: 2060
(State of incorporation or partnership)
8. The business of the corporation or partnership is to be conducted in: 2060
(State of incorporation or partnership)
- Charter Airway, Inc. 18487 Bond Lake Drive
[Signature] Boca Raton, FL 33488

- Under the laws of the State of Florida, the undersigned hereby certifies that the above information is true and correct.
- [Signature] [Signature] 2004
- [Signature] [Signature]
- [Signature] [Signature]
- [Signature] [Signature]
- [Signature] [Signature]

1-403410000-11144157

100-46175-1001

STATEMENT OF CONTRIBUTIONS
TO THE FUND FOR THE MAINTENANCE OF THE

I have made, signed and constituted myself the legal representative of the _____

of the said _____

I have made the following contributions to the fund for the maintenance of the _____

I have made the following contributions to the fund for the maintenance of the _____
amounting to \$ 100,000

Signature of _____ Date _____ 1900

FURTHER AFFIRMATION

I declare that the above is a true and correct statement of the contributions made by me to the fund for the maintenance of the _____

Witness my hand and seal this _____ day of _____ 1900

(Signature of _____)

(Signature of _____)

(Signature of _____)

(Signature of _____)

(Signature of _____)

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