

The Law Offices of
Howard L. Schwartz, P.A.
180 S. Federal Highway
Suite 245B
Dunedin, Beach, Florida 34623

L0100000231

Howard L. Schwartz, Esquire
561-997-0000

Facsimile: 561-272-4001

Assistant: Susan Landesman
561-241-0000

December 29, 2000

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Selberg Aviation, LLC

Dear Sir/Madam:

Enclosed, please find the original and one copy of the Certificate of Articles of Organization for the above referenced Florida Limited Liability Company, together with our check in the amount of \$155.00 for filing fees. This includes \$120.00 filing fee, plus \$35.00 for Registered Agent.

After filing, please return copy of filed Certificate of Articles of Organization to this office.

If you have any questions, please do not hesitate to contact me.

Sincerely,
The Law Offices of
Howard L. Schwartz, P.A.



Susan Landesman
Legal Assistant

SelbergAviation, LLC SecState.ArtofOrg122900
Enclosures (2)

500003513475--7
-01/02/01--01134--017
****155.00 ****155.00

FILED
01 JAN -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

L01-231
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Selberg Aviation, LLC

ARTICLE II - Address:

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

4475 Hunting Trail, Lake Worth, FL 33467-3532

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

X The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are :

Anders Selberg, 4475 Hunting Trail, Lake Worth, FL 33467-3532

 The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are: _

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Written consent of the Managing Member(s) and Member(s).

FILED
JAN - 2 PM 5:00
SECRETARY OF STATE
TAMPA FL 33607A

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Written consent of the Managing Member(s) and Member(s).



Signature of member or an authorized representative of a member

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

Anders Selberg

Typed of printed name of signee

FILED
01 JAN -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SELBERG AVIATION, LLC

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

Howard L. Schwartz

Name

1801 Federal Highway, Suite 245B

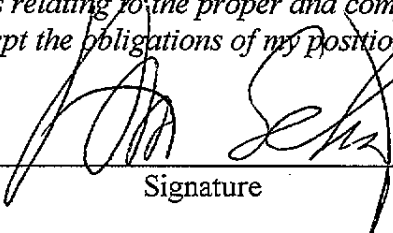
Florida street address (P.O. Box NOT acceptable)

Delray Beach, FL 33483

City, State and Zip

FILED
01 JAN -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*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 states 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.*



Signature