Florida Department of State

Division of Corporations

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LIMITED LIABILITY COMPANY

FERRELL SCHULTZ AVIATION, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155,00

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ARTICLES OF ORGANIZATION

for

FERRELL SCHULTZ AVIATION, L.L.C.

A Florida Limited Liability Company

ARTICLE I - Name

The name of the Limited Liability Company is:

Ferrell Schultz Aviation, L.L.C.

ARTICLE II - Address

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

201 S. Biscayne Boulevard Miami Center, 34th Floor Miami, Florida 33131

ARTICLE III - Duration

The period of duration for the Limited Liability Company is:

Perpetual

ARTICLE IV - Management

The Limited Liability Company is a manager-managed company.

ARTICIA V - Initial Registered Agent and Office

The name of the initial registered agent and the Florida street address of the initial registered office is:

CorpDirect Agents 103 North Meridian Street Tallahassee, Florida 32315

Suzanne D. Sterling, Esq.

Signature of an authorized representative-

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the limited liability company is:

	Ferrell Schultz Aviation, L.L.C.	=	ਤ∞
2.	The name and the Florida street address of the registered agent are:	5	
	CompDirect Agents 103 North Meridian Street , Lower Level Tallahassee, Florida 32315	PH 5: 00	ON STATE

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 statutes 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.

y: ____

: Agent:

Pam Wolfe