020000113 Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117

Phone Fax Number : (305)372-1352

: (305)372-1350

LIMITED LIABILITY COMPANY

CORPORATE AVIATION CENTERS, LLC

Certificate of Status	1	
Certified Copy	1	
Page Count	04	
Estimated Charge	\$160.00	

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ARTICLES OF ORGANIZATION OF CORPORATE AVIATION CENTERS, LLC

ARTICLE I NAME OF COMPANY

The name of this limited liability company shall be:

CORPORATE AVIATION CENTERS, LLC

ARTICLE II
ADDRESS

The Company's mailing and street address is:

3250 Mary Street, Suite 306 Miami, FL 33133

ARTICLE III NATURE OF BUSINESS

The general purpose for which this Company is organized is to engage in any lawful activity or to transact any lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

ALAN W., ESQ. LEVINE & PARTNERS, P.A. 1110 Brickell Avenue, 7th Floor Miami, Florida 33131 Telephone: (305) 372-1350 Florida Bar Number 866822

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SECRETARY OF STATE TALLAHASSEE, FLORIC

ARTICLE IV INITIAL REGISTERED AGENT AND THE REGISTERED AGENT'S ADDRESS

The Company's initial Registered Agent and the Registered Agent's address in the State of Florida shall be:

ALAN W. LEVINE, ESQ. 1110 Brickell Avenue 7th floor Miami, Florida 33131

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS SECRETARY OF STATE A

Additional members may be admitted to the Company from time to time upon the terms and conditions unanimously agreed upon by the members in the manner provided by the Regulations of the Company.

ARTICLE VI CONTINUATION OF BUSINESS

Upon 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 Company, the Company's business shall not continue and the Company shall be dissolved in accordance with the provisions of the Florida Limited Liability Company Act, unless the remaining members unanimously agree to continue the business of the Company in the manner provided by the Company's Regulations.

ARTICLE VII MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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THE UNDERSIGNED, as the authorized representative of the Manager of the Company, for the purpose of forming a limited liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.

STATE OF FLORIDA
):sss

COUNTY OF DADE

The foregoing instrument was acknowledged before me this 24th day of Improve 2002 to 2

The foregoing instrument was acknowledged before me this 24th day of January, 2002, by ALAN W. LEVINE, who is personally known to me.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

Mireya P. Koger

MY COMMISSION # CC755691 EXPIRES

September 13, 2002

80x060 THEU TROY FAMILISURANCE, INC.

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CERTIFICATE ACCEPTING DESIGNATION AS AN AGENT UPON WHOM SERVICE OF PROCESS WITHIN THIS STATE MAY BE SERVED

The following is submitted pursuant to Sections 608.415 and 608.507 of the Florida Limited Liability company Act:

Having been appointed registered agent of CORPORATE AVIATION CENTERS, LLC in its Articles of Organization, at the place designated in such Articles of Organization, the undersigned hereby agrees to act in this capacity and affirms that it is familiar with, and accepts, the obligations of such position.

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ALAN W. LEVINE	JAN 24	RY OF STATE SSEE, FLORIDA

STATE OF FLORIDA):ss

COUNTY OF DADE

The foregoing instrument was acknowledged before me this 24th day of January, 2002, by ALAN W. LEVINE who is personally known to me.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

Mireya P. Koger

MY COMMISSION # CC755691 EXPIRES
September 13, 2002

BONDED THRU TROY FAMINISURANCE, INC.