

MAY-20-02 10:33AM FROM-AKERMAN SENTERFITT  
Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Nery C. Toledo, Legal Assistant  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

LIMITED LIABILITY COMPANY

SKYLIFT HOLDING, LLC

RECEIVED  
02 MAY 20 AM 11:01  
DIVISION OF CORPORATIONS

02 MAY 20 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
SKYLIFT HOLDING, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **SKYLIFT HOLDING, LLC.**

**ARTICLE II: - Address**

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

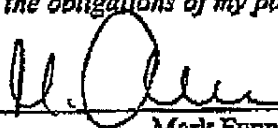
c/o Style Ventures, Inc.  
1109 Ponce de Leon Boulevard  
Coral Gables, Florida 33134

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:**

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


Mark Funnen  
1109 Ponce de Leon Boulevard  
Coral Gables, Florida 33134

*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 as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Mark Funnen  
Registered Agent

**ARTICLE IV: - Management**

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

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Funnen  
Typed or printed name of signer

Dated this 19<sup>th</sup> day of May, 2002.

02 MAY 20 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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