DRPOLITION U	14841
CORPORATION(S) NAME	
Casey Air LLC	

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() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
MITC	() Name Registration	() Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	6/14/02	Order#: 5418799
Availability		P
Document	·	Ç

Examiner_

Updater_

Verifier_ W.P. Verifier_

> 660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

Ref#:

100005767291--6 -06/14/02--01041--028 Amount: \$\frac{****125.00}{****125.00}

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Casey Air LLC

ARTICLE II - Address:

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

3399 PGA Boulevard, Suite 450, Palm Beach Gardens, Florida 33410

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

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

Name
3399 PGA Boulevard, Suite 450

Florida street address (P.O. Box NOT acceptable)
Palm Beach Gardens

FL 33410

City, State, and Zip

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.

Regimered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional affective date is requested)

Signature of a member of an authorized representative of a member. Keith L. Cummings, Sole Member

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

Keith L. Cummings, Sole Member
Typed or printed name of signee

FILING FEES:

5 100.00 Filing Fee for Articles of Organization
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (OPTIONAL)
5 5.00 Certificate of Statzs (OPTIONAL)

PL652 - 12/21/99 CT System Online