

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone

: (305) 673-0347

Fax Number

: (305)532-0738

LIMITED LIABILITY COMPANY

DebonAir Lines LLC

Certificate of Status	0
Certified Copy	0
Page Count	9203
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DebonAir Lines LLC

ARTICLE II ADDRESS

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

550 Vittorio Avenue

Coral Gabies, Florida 33146

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

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

A1A CORPORATE SERVICES INC.

1221 BRICKELL AVE. SUITE 900

MIAMI, FL 33131

Having been named as registered agent 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.

PAUL STITH, VICE PRESIDENT

Registered Agent's Signature

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

Managing Member:

Michael J. Garrihy

P.O. Box 460863

Ft. Lauderdale, Florida 33316

Managing Member:

Patricia Geraghty

P.O. Box 460863

Ft. Lauderdale, Florida 33316

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Managing Member : E. Terry Jaramillo 550 Vittorio Avenue Coral Gables , Florida 33146

Managing Member: Jorge L. Rodriguez P.O. Box 45-2124 Miami, Florida 33245

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Signature of a member or an authorized representative of a 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.

Patricia Geraghty

Typed or printed name of signee

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