

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-888-8062 • Fax (850) 224-1179

**L020000025096**

Arr Orlando Helicopter  
Flight

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-09/25/02--01064--005

\*\*\*\*598.75 \*\*\*\*130.00

L02-25096  
ql

Signature \_\_\_\_\_

Requested by: qlw 9/25

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

FILED  
02 SEP 25 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☐ Cert. Copy \_\_\_\_\_  
☐ Photo Copy \_\_\_\_\_  
☒ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
AIR ORLANDO HELICOPTER FLIGHT TRAINING AND RENTAL, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, *Florida Statutes*, does hereby certify as follows:

**ARTICLE I  
NAME**

The name of the limited liability company is **AIR ORLANDO HELICOPTER FLIGHT TRAINING AND RENTAL, LLC** (the "**Company**").


**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Company is 319 North Crystal Lake Drive, Orlando FL 32803.

**ARTICLE III  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 655 West Morse Boulevard, Suite 212, Winter Park, Florida 32789, and the name of the initial registered agent of the Company at that address is Scott D. Clark.

**IN WITNESS WHEREOF**, I have hereunto subscribed my name as of the 24 day of September, 2002.

  
\_\_\_\_\_  
**Scott D. Clark,**  
Authorized Representative of Member

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, *Florida Statutes*, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is: **AIR ORLANDO HELICOPTER FLIGHT TRAINING AND RENTAL, LLC**

2. The name and the Florida street address of the registered agent and office

Scott D. Clark  
c/o Scott D. Clark, P.A.  
655 West Morse Boulevard, Suite 212  
Winter Park, Florida 32789

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TALLAHASSEE, FLORIDA

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**AIR ORLANDO HELICOPTER FLIGHT  
TRAINING AND RENTAL, LLC**

By: \_\_\_\_\_

**Scott D. Clark,**  
Authorized Representative of Member

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.

\_\_\_\_\_  
Scott D. Clark

Date: September 24, 2002