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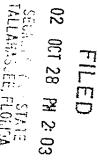
| (Requestor's Nar | ne) | | | |
|---|----------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Pr | none #) | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity | Name) | | | |
| (Document Number) | | | | |
| Certified Copies Certifica | ates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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CT CORPORATION SYSTEM

October 28, 2002

Secretary of State, Florida 409 East Gaines Street N/A

Tallahassee FL 32399

PILED

OZ OCT 28 PM 2: OX

SEGNAL PARE EL ORIGINA

Re: Order #: 5709261 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Maxwelle Aero Ventures, LLC (FL)

—Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - No The name of the I Maxwelle Agro Ven | imited Lizbility | y Company is: | | |
|--|--|---|---|-----------------------|
| ARTICLE II - A The mailing addre 1230 East Hillandai | | dress of the principal of a 305, Rillandile Beach, Fi | fice of the Limited | Liability Company is: |
| ARTICLE III - I | Registered Age | nt, Registered Office, d | k Registered Ager | 1 |
| The name and the | Florida street a | ddress of the registered | agoni are: | E 2 STAT |
| | C T Corporatio | DE System | _ | _ ^{> ™} 3 |
| | | Name | | ω |
| | nia C T Carres | ration System, 1200 South P | Han Yaland Dood | |
| | | | | |
| | 1 to | ida surei address (P.O. Box | MAT receberates | |
| | Plantation | | FL 33324 | ·········· |
| | | City, State, and Z | ip | - |
| statutes relating to | o the proper and tions of my positi | in this capacity. I further complete performance in as registered agent a paration System Registered Agent's Sig | of my duries, and 1 is s provided for in Ci Jennifer Assiste | |
| (| An additional en | ticle must be added if a | a effective date is re | equested) |
| | Signature of a | mamber or an authorized r | enretextative of a wa | Mhaz |
| | Of this docume | with section 608.408(3), Fig. on constitutes an affirmation tated herein are true.) | wide Statutet the ever | atter. |
| | Ryan Weisflac | h | | |
| | | Typed or printed name o | f signec | |
| | 5 25,00 | Filing Fees: Filing Fee for Articles of O Designation of Registered a Certified Copy (Optional) | rganization Igent | |

\$ 5,00 Certificate of Status (Optional)