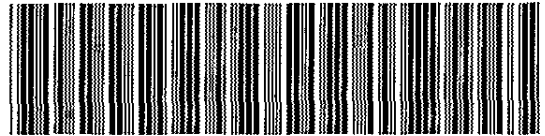


L0300000 7594

FILED
03 MAR -3 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900013130239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

AL

STATE
OF FLORIDA
TALLAHASSEE

03 MAR -3 PM 1:06

RECEIVED



CORPORATION SERVICE COMPANY™

FILED

03 MAR -3 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 945814 7369221

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 125.00

ORDER DATE : February 26, 2003

ORDER TIME : 11:34 AM

ORDER NO. : 945814-001

CUSTOMER NO: 7369221

CUSTOMER: Mr. William L. Baer
Mr. William L. Baer ..

4105 Old Settlement Rd

Merritt Island, FL 32952

DOMESTIC FILING

NAME: BAERCRAFT LEASING LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIXELA, LLC

03 MAR -3 PM 2: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

10150 COSTA DEL SOL BLVD., MIAMI, FL 33178

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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.

Corporation Service Company

By:

Deborah D Skipper

Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

(An additional article must be added if an effective date is requested)

Deborah D Skipper

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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED

03 MAR -3 PM 2: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIXELA, LLC

Ms. Pamela Cheatham - MGRM
10150 Costa Del Sol Blvd.
Miami, Fl 33178

Ms. Phyllis I. Stephens - MGRM
10150 Costa Del Sol Blvd.
Miami, Fl 33178

LIMITED POWER OF ATTORNEY

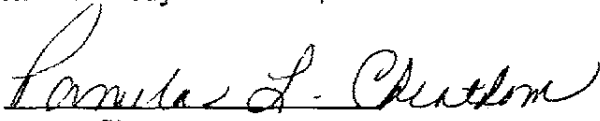
FILED

03 MAR -3 PM 2: 38

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SIXELA, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

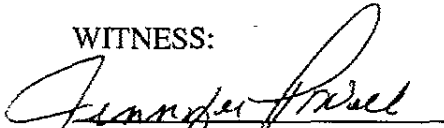
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Limited Power of Attorney is executed on this day of ,


Signature

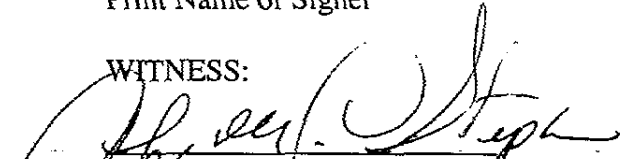
PAMELA L. CHERTAM
Print Name of Signer

WITNESS:


Signature

Jennifer Powell
Print Name of Witness

WITNESS:


Signature

Phyllis I. Stephens
Print Name of Witness