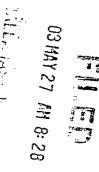


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JetPro Aviation, LLC. 2825 SW Shoal Court Port St. Lucie, FL 34953

May 22, 2003

Dear Registrar:

This letter is being submitted to The Registration Section of the Division of Corporations stating basic information of the Company named JetPro Aviation, LLC.

The contact phone number for Oliver M. McIntyre is (954) 461-6942, at the business address stated above. Future correspondence may also be sent to my Email address: noautopilot@aol.com.

Sincerely,

Oliver M. McIntyre

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JetPro Aviation, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2825 SW Shoal Court, Port St. Lucie, FL, 34953

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

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

Oliver M. McIntyre

		Name		
	2825 SW Shoal	Court		
-	Florida stree	et address (P.O. Box NOT acceptable)	•	
	Port St. Lucie	FL 34953		
		City, State, and Zip		
liability company at registered agent and statutes relating to t	the place designated I agree to act in this he proper and compl	and to accept service of process for the about in this certificate, I hereby accept the application of the capacity. I further agree to comply with the lete performance of my duties, and I am fair registered agent as provided for in Chapter	ointment a e provision niliar Vith	s ns of all
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(Aı	n additional article n	nust be added if an effective date is reques	area i	
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	Signature of a membe	r or an authorized representative of a member.		r
		ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjurerein are true.)	у	
	Oliver M. McI	ntyre		
	Ту	ped 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)