Florida Department of State

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To:

Division of Corporations

Fax Number : (8

: (850)205-0383

From:

Account Name : INTERNATIONAL BUSINESS INCORPORATORS, INC.

Account Number : 120010000092 Phone : (305)595-0560

Phone : (305)595-0560 Fax Number : (305)595-0560

LIMITED LIABILITY COMPANY

First Class Aviation, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

840

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is First Class Aviation, LLC

ARTICLE II- Address: The mailing address and street address of the principal office of the Limited Liability Company is 3606 S.W. 168 Terrace, Miramar, Florida 33027

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

The name and the Florida street address of the registered agent is International Business Incorporators, Inc., 8108 SW 103 Avenue, Miami, FL 33173.

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.

Marie Jorčzak, Secretary

International Business Incorporators, Inc.

ARTICLE IV – Management: The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The name(s) and address(es) of the Manager(s) is/are: Cynthia Garcia, 3606 S.W. 168 Terrace, Miramar, Florida 33027

(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.)

Marie Jorozak, Authorized Person

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