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# TRANSMITTAL LETTER

Registration Section Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

(Name of Dimited Liability Company)	
The enclosed Articles of Organization and fee(s Please return all correspondence concerning this	
Mandy Mulay (Name of Person)	
Wade Wilson CPA (Firm/Company)	PA \$125.00 the Jude of
1601 W. Garden (Address)	ST.
Pen Sacola Fl (City/State and Zip Code)	32501
For further information concerning this matter,	please call:
Mandy Mulay at	(850) 438 - 1122 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

### ARTICLE I – Name:

The name of the Limited Liability Company is:

Alpha Air, L.L.C.

## ARTICLE II - Address:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:

Mailing Address:

1445 King Road Cantonment, FL 32533 1445 King Road Cantonment, FL 32533

# ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

James MacKinnon Haas Name 1445 King Road Florida Street Address

Cantonment, FL 32533 City, State, and Zip Code DIVISION OF CORPORATION

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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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:
"MGR" = Manager

"MGRM" = Managing Member

<u>MGR</u>

James MacKinnon Haas 1445 King Road Cantonment, FL 32533

REQUIRED SIGNATURE:

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.)

James MacKinnon Haas

Name of Signee