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J. BRYAN DEC 7 2004

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: CS AVIATION LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
YUI SAKATA
(Name of Person)
Name of Person) CS AVIATION LLC (Firm/Company) 1 dec Beville Rd #23
(Firm/Company)
1 dec Benitz Sq #53
(Address)
Daytona Beach, T-L 32114 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (386) 589-5397 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399 P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: CS AVIATION. LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Co **Principal Office Address: Mailing Address:** 1200 BELILLE Rd #23 DAYTUNA BEACH, FL 32114 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: | Acr. BEVILLE Rd #23 | Florida street address (P.O. Box NOT acceptable) Daytona Beach, FL 32114 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	YIT SAKATA
	1200 REINIE Rd #23
	Daytona Brach, IL 32114
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(Use attachment if necessary)	
NOTE: An additional article mus	at be added if an effective date is requested.
REGIRED SIGNATURE.	1
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	per or an authorized representative of a member.
Signature of a memi	•
Signature of a memi (In accordance with sof this document con-	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Signature of a memi (In accordance with s of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Signature of a memi (In accordance with s of this document con that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)