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(Address)

(City/State/Zip/Phone #)

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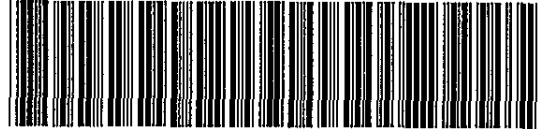
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Flight Cam 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:

Michael J. Davis  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4000 WAIKIKI DRIVE  
(Address)

Sarasota FL 34241  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Davis at (941) 379-0137  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY**

**Article I**

The name of the Limited Liability Company is:  
FlightCam LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4000 Waikiki Drive  
Sarasota, FL 34241

The mailing address of the Limited Liability Company is:  
4000 Waikiki Drive  
Sarasota, FL 34241

**Article III**

The purpose for which this Limited Liability Company is organized is;  
ANY AND ALL LAWFUL BUSINESS

**Article IV**

The name and Florida street address of the registered agent is;  
Michael J. Davis  
4000 Waikiki Drive  
Sarasota, FL 34241

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 Signature

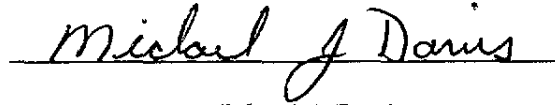
Michael J. Davis

**Article V**

The name and address of managing members/managers are;

Title; MGRM  
Michael J Davis  
4000 Waikiki Drive  
Sarasota, FL 34241  
(941) 379-0137

Signature on member or an authorized representative of member:

A handwritten signature in cursive script that reads "Michael J. Davis". The signature is written in dark ink and is positioned above a horizontal line.

Michael J. Davis

(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.

Enclosed is a check for the following amount:  
\$160.00  
Filing Fee, Certificate of Status & Certified Copy