

Division of Corporations

H05000173582

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561)995-4751
Fax Number : (561)241-7145

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

AEQUICAP AVIATION LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AEQUICAP AVIATION LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3000 West Cypress Creek Road
Fort Lauderdale, FL 33309

3000 West Cypress Creek Road
Fort Lauderdale, FL 33309

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

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

Stacy L. Gordon, Esq.

Name

3000 West Cypress Creek Road

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, FL 33309

FL

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.


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Philip E. Morganman

3000 West Cypress Creek Road

Fort Lauderdale, FL 33309

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stacy L. Gordon, Esq.

Typed or printed name of signer

Filing Fees:

\$135.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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