L05000071395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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W 07/20/05

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TRANSMITTAL LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: <u>ExecuCopter, LLC</u>
                (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:

<div align="center">

Mark Mroczkowski
_____
(Name of Person)

ExecuCopter, LLC
_____
(Firm/Company)

300 Sunport Lane
_____
(Address)

Orlando, FL 32809
_____
(City/State and Zip Code)

</div>

For further information concerning this matter, please call:

Mark Mroczkowski   at (407) 541-0773
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                              (additional copy is enclosed)   Certified Copy
                                                                    (additional copy is enclosed)

<table>
<tr><td>

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

</td><td>

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

</td></tr>
</table>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ExecuCopter, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

300 Sunport Lane

Orlando, FL 32809

Mailing Address:

300 Sunport Lane

Orlando, FL 32809

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

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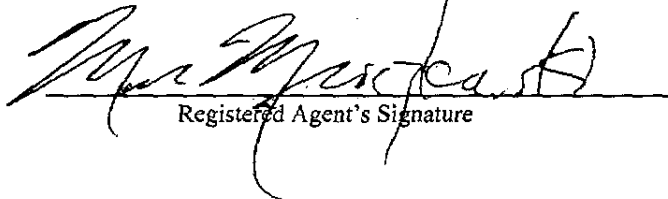
Mark Mroczkowski
Name

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

Orlando, FL 32809
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)

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:

Title	Name and Address
MGR	Mark Mroczkowski 300 Sunport Lane Orlando, FL 32809
MGR	Nick VandenBrekel 300 Sunport Lane Orlando, FL 32809

(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 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.)

Mark Mroczkowski
_____
Typed or printed name of signee

<u>Filing Fees:</u>

$125.00 *Filing Fee for Articles of Organization and Designation*
of Registered Agent
$ 30.00 *Certified Copy (Optional)*
$ 5.00 *Certificate of Status (Optional)*