L05000093260

(Requestor's Name)	
(15 4 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL.
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
All	<u> </u>
Office Use Only	



400058278744



RHOSIVED

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Reference: (Sub Account)		TES SO
Date:	92105	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	Sign of the second seco
Telephone:	(850) 224-1585	
Contact Name:	Kim Pullen, CLA (ext. 5261)	
Corporation Name: Entity Number:	Aer Connex, U	<u>C</u>
Authorization:	Kim Hel	len
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X)Call When Ready (X)Walk In	(X)Call if Problem ()Will Wait	() After 4:30 (X) Pick Up (DA)
CF Internal Use Only Client: 50727	Matter: 25621	

Name: Keith HESSE Office: ORL

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number Reference: (Sub Account) Date:	FCA00000017 92105	ARE REPORTED TO SERVICE PARTIES.
Requestor Name:	Carlton Fields	O. C.
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 224-1585	
Contact Name:	Kim Pullen, CLA (ext. 5261)	
Corporation Name: Entity Number: Authorization:	Aer Connex, U Kim Pul	<u>C</u>
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X) Call When Ready	(X) Call if Problem	() After 4:30
(X) Walk In	()Will Wait	(X) Pick Up

TAL#501656.1

CF internal Use Only

Client: 50722 Matter: 25621

Name: Keith Hesse Office: CHC

ARTICLES OF ORGANIZATION

OF

AERCONNEX, LLC

ALLEN CONTRACTOR OF THE PARTY O

The undersigned, desiring to organize this Limited Liability Company pursuant to Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - NAME

The name of the limited liability company shall be AerConnex, LLC (the "Company").

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is: 1991 Mohican Trail, Maitland, Florida 32751.

ARTICLE III - DURATION

The term of existence of the Company shall commence with the filing of the Articles of Organization with the Secretary of State of the State of Florida, and shall continue perpetually, unless sooner dissolved pursuant to the Articles of Organization, Operating Agreement, or regulations of the Company, or by operation of law.

ARTICLE IV - PURPOSE AND GENERAL POWERS

The general purposes of this Company shall be the transaction of any or all lawful business for which corporations may be incorporated under law. The company shall have all of the powers enumerated under law and all such other powers as are not specifically prohibited to corporations for profit under the laws of the State of Florida.

ARTICLE V - MANAGER

The management of the Company shall be reserved to the manager or managers of the Company.

The number of managers of the Company shall be the number from time to time fixed by the members, or the managers, in accordance with the terms and conditions of the Operating Agreement of the Company.

ARTICLE VI - ADOPTION AND AMENDMENT OF OPERATING AGREEMENT AND REGULATIONS

The Company shall have an Operating Agreement or regulations, the amendment of which shall be in accordance with the terms thereof.

ARTICLE VII - ADDRESS AND REGISTERED AGENT

The mailing address and street address of the initial registered office of the Company in the State of Florida shall be 1991 Mohican Trail, Maitland, Florida 32751. The name of the registered agent of the Company at that address is Ronald D. Brown.

IN WITNESS WHEREOF, the undersigned member has made and subscribed these Articles of Organization this _2 day of September, 2005.

	Ву:
—— (F	Ronald D. Brown
Brown. Said person (check one) 🏌	afore me this day of September, 2005, by Ronald D. is personally known to me, □ produced a driver's license tes within the last five (5) years) as identification, or □
My Commission DD286519 Expires November 12, 2007	Thon Sheard
September 12, 2007	Printed Name: <u>LISQ Sheard</u>
	Notary Public, State of <u>Florida</u>
	My Commission Expires://_12- 20の

OF PROCESS WITHIN FLORIDA AND REGISTERED AGENT UPON WHOM PROCESS MAY BE SERVED

in compliance with Sections 48.091 and 608.401, et seq., Florida Statutes, the following is submitted:

AerConnex, LLC (the "Company"), desiring to organize as a limited liability company under the laws of the State of Florida, has named and designated Ronald D. Brown as its Registered Agent to accept service of process within the State of Florida, with its registered office located at 1991 Mohican Trail, Maitland, Florida 32751.

<u>ACKNOWLEDGEMENT</u>

Having been named as Registered Agent for the Company at the place designated in this Certificate, I hereby agree to act in this capacity; and I am familiar with and accept the obligations relating to service as a registered agent, as the same may apply to the Company; and I further agree to comply with the provisions of Florida Statutes, Section 48.091 and all other statutes, all as the same may apply to the Company relating to the proper and complete performance of my duties as Registered Agent.

Dated this <u>Job</u> day of September, 2005.

Ronald D. Brown