Dec. 6. 2005 3:56 PM LD50011676 183 pter 11

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800) 342-9856

Fax Number

: (800)354-3381

LIMITED LIABILITY COMPANY

VIVENDI AVIATION, LLC

Certificate of Status	0
Certified Copy	6
Page Count	01
Estimated Charge	\$125.00

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Composate Filings

Public Access halp.

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ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:			
VIVENDI 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:		
20836 NE 31ST PLACE AVENTURA, FLORIDA 35180	20835 NE 31st Place Aventura, Fl. 33180		
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's Signature:		
The name and the Florida street address of	The registered agent are:		
JAY POLLAK			
	Name		
20835 NE 31ST PLACE			
Florida su	eet address (P.O. Box NOT acceptable)		
AVENTURA, FLORIDA 3	3180		
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)

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JAY POLLAK
	20835 NE 31ST PLACE
	AVENTURA, FLORIDA 33180
	•
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is reques
1,012, 12, 12, 12, 13, 11, 11, 11, 11, 11, 11, 11, 11, 11	the
REQUIRED SIGNATURE:	
	r of an authorized representative of a member
O'	

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Typed or printed name of signee

SECKETANT OF STATE

SECKETANT OF STATE

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