

LU5000116873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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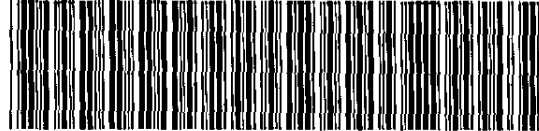
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 743989 89162A

AUTHORIZATION :

COST LIMIT : \$ 125.00

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05 DEC -7 AM 9:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : December 7, 2005

ORDER TIME : 4:03 PM

ORDER NO. : 743989-005

CUSTOMER NO: 89162A

DOMESTIC FILING

NAME: PICL AVIATION III, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse - EXT. 2954

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

PICL AVIATION III, LLC

Must end with the words " Limited Liability Company" of their abbreviation "LLC," or "L.C.,")

ARTICLE II – Address:

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

Principal Office Address:

6303 Blue Lagoon Drive, Suite 380
Miami, Florida 33126

Mailing Address:

63 03 Blue Lagoon Drive, Suite 380
Miami, Florida 33126

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

(The Limited Liability Company cannot serve as its own Registered Agent You must designate an individual or another business entity with an active Florida registration)

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

Maurice J. Baumgarten, Esq.

(Name of Person)

Anania, Bandklayder, Blackwell, Baumgarten, Torricella & Stein

(Firm/Company)

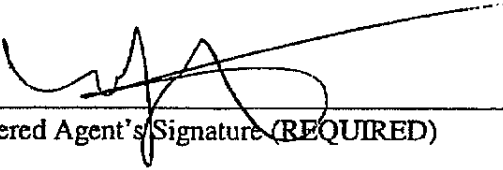
100 Southeast Second Street, Suite 4300

(Address) (P O Box NOT acceptable)

Miami, Florida 33131

(City/State/Zip Code)

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 (REQUIRED)

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ARTICLE IV – Manager(s) of Managing Member(s):

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name & Address:

MGRM

GLCW AVIATION, LLC

6303 Blue Lagoon Drive, Suite 380

Miami, Florida 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or after the date of filing.)

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.)

ART WEISEN, Member of GLCW Aviation, LLC
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)