

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 : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone

: (813)229-7600

Fax Number

: (813)229-1660

EXABLE ANABES		WITH A STATE WINNEY	~~
FŁORIDA/FORE	IGN LIMITED	LIABILITY	CO.

RECEIVED		Florida Aviation Test Center, LLC		
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ARTICLES OF ORGANIZATION FLORIDA AVIATION TEST CENTER, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is Florida Aviation Test Center, LLC.

ARTICLE II - Address:

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

2727 Ulmerton Road, Suite 310 Clearwater, Florida 33762

ARTICLE III - Registered Agent and Registered Office:

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

Charles Chase Stockon 2727 Ulmerton Road, Suite 310 Clearwater, Florida 33762

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 13 th day of January, 2006.

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.)

Paul R. Lynch
Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Florida Aviation Test Center, LLC.
- 2. The name and the Florida street address of the registered agent are:

Charles Chase Stockon 2727 Ulmerton Road, Suite 310 Clearwater, Florida 33762

Having been named as registered agant 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.

Signature

SECRETARY OF STATE TALL AHASSEE, FLORID.

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