

W6000067003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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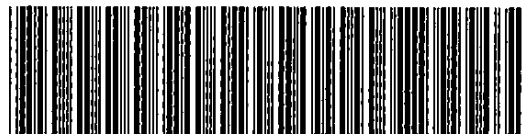
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W6-67003
JL

EFFECTIVE DATE
8-1-06

DAVID H. MILLER, P.L.L.C.
ATTORNEYS AND COUNSELORS
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David H. Miller

Of Counsel: Clyde B. Pritchard
John C. Polasky

June 23, 2006

State of Florida
Registration Section
Department of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RE: Kelley Flight Training Services, LLC.
Our File No. 8047-06**

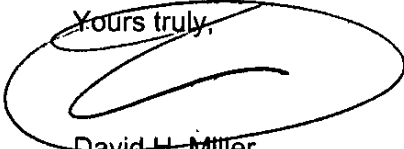
Dear Sir/Madam:

Accompanying this correspondence are completed and executed Articles of Organization for the above-referenced entity. Likewise accompanying this correspondence is the writer's check in the amount of \$125.00 in payment for the filing fee. When the Articles of Organization have been filed, I would appreciate it if a true copy were returned to my office in the postage paid, self-addressed enveloped enclosed.

If you have any problems or difficulties with the submission accompanying this correspondence, please give the writer a call. Notwithstanding hearing from you in that regard, I shall look for the duly recorded Articles by return mail.

Thank you for your cooperation in this matter.

Yours truly,


David H. Miller

DHM/gg

Enclosures

cc: Mr. Justin Kelley, w/o enc.

Mr. Kevin D. Schoensee, w/o enc., by e-mail

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kelley Flight Training Services, L.L.C.
(Must end with the words "Limited Liability Company," "Limited Company" or 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:

11000 Metro Parkway
Ft. Myers FL 33912

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent

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:

Justin Kelley
Name
11000 Metro Parkway,
Florida street address (P.O. Box **NOT** acceptable)
Ft. Myers FL 33912
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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

MGRM

Justin Kelley

11000 Metro Parkway

Ft. Myers, FL 33912


(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: August 1, 2006.
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days 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.)

Justin Kelley

Typed or printed name of signee

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)