(Requestor's Name)  (Address)	0000786	
(City/State/Zip/Phone #)	t the state of the	
PICK-UP WAIT MAIL	08/14/06010	
(Business Entity Name)	,	
(Document Number)		
Certified Copies Certificates of Status	to the same of the	
Special Instructions to Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: CG Aircraft Sales (Name of Limited Liability Company)			
	(1 ////// 12		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
C	arlos Quinta	<b>√</b> ∂	
(Name of Person)			
Carlos Quintana (Name of Person)  CG Aucrapt Sales (Firm/Company)			
	(Firm/Company)		
2800 Roseblen Way (Address)			
	(Address)		
	Ovlando FL 32812 (City/State and Zip Code)		
(City/State and Zip Code)			
For further information of	For further information concerning this matter, please call:		
Carlos Quintana at (407) 808-1012 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Addres Registration Section Division of Corporation	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

06 AUG | 4 AM 8: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:		
CG Aircraft Sales (Must end with the words "Limited Liability Company, "Limited	LLC ed Company" or their abbreviation "LLC," o	r "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
2800 Roseblen Way Orlando FL 32812	2800 Roseblen C Orlando FC 320	N34_ 112
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the re		
Carlos Qui.	Ntana	
Florida street add  Orlando  City, State, a	ress (P.O. Box <u>NOT</u> acceptable)  FL 37817  nd Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the v. I further agree to comply with the rformance of my duties, and I am f	appointment as se provisions of all amiliar with and
Registered Agent's Signatu	ure (REQUIRED)	06 AUG 14 SECRETAR) TALLAHASSI
(CONTINI Page 1 of 2	•	AH 8:

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Carlos Duntana 2800 RoseGlen way Orlando FL 32812		
MGR	Donald Garcia 3058 Land tree PL Orlando FL 32812		
(Use attachment if necessary)			
ATICLE V: Effective date, if other than the date of filing: (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)			
<b>REQUIRED</b> SIGNATURE:	·		
	milan		
Signature of a m	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.)			
	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)