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EFFECTIVE DATE

SECRETARY OF STATE OF STATE OF CORPORATIONS

3. BRYAN MAR 2-1 2007

COVER LETTER

	tration Section ion of Corporations		·
SUBJECT:	SkyMasters Aviation,	LLC	
		ed Liability Company)	
The enclosed /	Articles of Organization and fee(s) are	submitted for filing.	
Please return a	If correspondence concerning this mat	ter to the following:	
	Leslie Naveh		
		(Name of Person)	
	SkyMasters Aviation,	LLC	
	······································	(Firm/Company)	2
	6640 Stratford Drive	e	
·	0010 011011010 0111	(Address)	R 2
	Parkland, Florida 3306	7 ·	07 HAR 20 PM
	(Cit	y/State and Zip Code)	2:
For further info	ormation concerning this matter, please	e call:	29
	Leslie Naveh	at (954) 295-24	188
	(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a	check for the following amount:		
_	ing 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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLE I - Name: SkyMasters Aviation, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 6640 Stratford Drive Parkland, Florida 33067 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: Ehud Naveh Name 6640 Stratford Drive Florida street address (P.O. Box NOT acceptable) Parkland, Florida 33067 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 copacity. 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.	ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILI	
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address:			97 N.SE
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The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address:	The name of the Limited Liability Company	y is:	R 20
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address:	SkyMasters /	Aviation, LLC	PH PH
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Registered Agent's Signature (REQUIRED)	Registered Agent's Si	ignature (REQUIRED)	

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Leslie Naveh 6640 Stratford Drive Parkland, Florida 33067 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Apr-02-2007 _. (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.) LESLIE IVAVEH Typed or printed name of signee Filing Fees:

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)