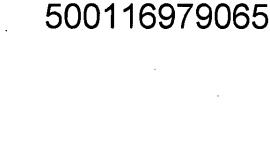
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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE FEB - 8 2008 EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CoLiher Avi (Name of Limited Li	ation LLC ability Company)	
The enclosed Articles o	f Organization and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	David Colin	die 5	
		Aviation .	
	·	54. #2803 Address)	
	Miami, FL	33\3\	ZION F
	concerning this matter, please call	· · · · · · · · · · · · · · · · · · ·	EB-7 I
<u> </u>	<u>Colindres</u> at ((Area Code & Daytime Te	1297 To Sephone Number)
Enclosed is a check for	or the following amount:		٠ مز
\$125.00 Filing Fee	Certificate of Status	S155.00 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	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Coliher Aviation LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
31 SE 5th st. #2803 Miami, FL 33131 Miami, FL 33136 2
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:
The name and the Florida street address of the registered agent are: David Colindres Name
Florida street address (P.O. Box NOT acceptable) Miami, FL 33131 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)

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" = Manag "MGRM" = Mana		Name and Address:		
MGRM		Elena Figueroa 4301 SW 36thst West Park, FL 330	023	
MGR		David Colindes 31 SE Sty 51 # 2 Miumi, FL 33131	803	
				
	_			
(Use attachment in ARTICLE V: Effective of (If an effective date is list to or 90 days after the date)	date, if other than the date ted, the date must be sp	e of filing: (ecific and cannot be more than five bu	(OPTIONA usiness days	
<u>REQUIRED</u> SIG	GNATURE:		2000 FEB -7 SECRETARY YALLAHASS	entrange entrangen entrangen entrangen
	(In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.) acid Colindles or printed name of signee	7 AMII: UI SEE, FLORIDA	

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)