

JUN-09-2008 MON 10:17 AM  
Division of Corporations

FAX NO.

Page 1 of 1

W8 0000 56523

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000147268 3)))



H080001472683ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG  
Account Number : I19990000180  
Phone : (305) 357-5775  
Fax Number : (305) 357-5534

FILED  
2008 JUN -9 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**HAMMER AVIATION III, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

T. CLINE

JUN 10 2008

Help EXAMINER

RECEIVED  
00 JUN -9 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

((H08000147268 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HAMMER AVIATION III, LLC

**ARTICLE II - Address:**

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

2990 N.W. 40<sup>th</sup> Street  
Miami, Florida 33142

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ronald R. Fieldstone  
Name

201 Alhambra Circle, Suite 601  
Florida street address (P.O. Box NOT acceptable)

Coral Gables, Florida 33134  
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

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

2008 JUN -9 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
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.)

NORMAN NEWELL, Authorized Representative  
Typed or printed name of signer

((H08000147268 3)))