

L08000679263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

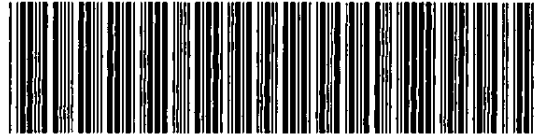
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/11/08--01042--022 **155.00

FILED

08 AUG 19 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 20 2008

EXAMINER

01863-8000

JOHN M. MANCHEC
9035 17TH PLACE, VERO BEACH, FL 32966, USA
TEL 772-559-3846 FAX 772-562-2903
E-MAIL: johnmmanchec@bellsouth.net

August 1st, 2008

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

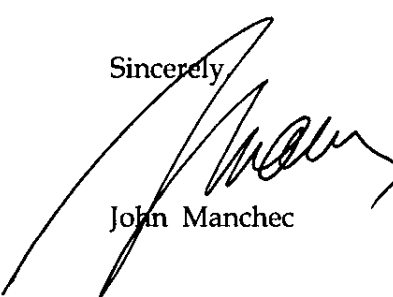
Dear Sirs,

Please find attached the Articles of Organization for SKYVAN AIRCRAFT INTERNATIONAL, LLC and a check of US\$155.00 covering:

- The filing Fee
- One certified copy

Please feel free to contact the undersigned as needed,

Sincerely,


John Manchec



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 AUG 19 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 12, 2008

JOHN M MANCHEE
9035 17TH PLACE
VERO BEACH, FL 32966

SUBJECT: SKY7VAN AIRCRAFT INTERNATIONAL, LLC
Ref. Number: W08000037810

We have received your document for SKY7VAN AIRCRAFT INTERNATIONAL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00045615

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Skyvan Aircraft International, LLC

ARTICLE II - Address:

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

Principal Office Address:

9035 17th Place, Vero Beach, Florida 32966

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

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

Name

John Manchec

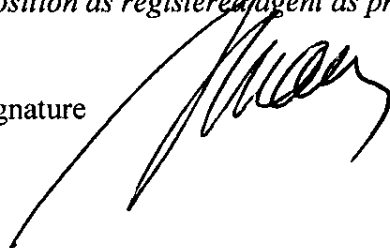
Florida street address

**9035 17th Place
Vero Beach, Florida 32966**

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08 AUG 19 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



(CONTINUED)

Page 1 of 2

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

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

Title: Name and Address:

MGRM John Manchec, 9035 17th Place, Vero Beach, FL 32966

REQUIRED SIGNATURE:

John Manchec, Managing Member:

A handwritten signature in black ink, appearing to read 'John Manchec', is written over the printed name and title.

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TALLAHASSEE, FLORIDA