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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6393

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

n427tl, l.l.c.

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**ARTICLES OF ORGANIZATION**

**OF**

**N427TL, L.L.C.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is N427TL, L.L.C.

**ARTICLE II - DURATION**

The period of duration of the Company shall be perpetual.

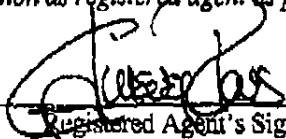
**ARTICLE III - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:  
1504 BAY ROAD, UNIT 2710  
MIAMI, FL 33139

**ARTICLE IV - REGISTERED AGENT & OFFICE**

The name and address of the registered agent for this Limited Liability Company, within the State of Florida is:  
GUSTAVO PONS  
1504 BAY ROAD, UNIT 2710  
MIAMI, FL 33139

*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 obligation of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE V - MEMBER(S)**

The Limited Liability Company shall have 1 member whose name and address is:

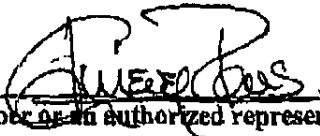
**GUSTAVO PONS**

**1504 BAY ROAD, UNIT 2710  
MIAMI, FL 33139**

**ARTICLE VI - MANAGEMENT**

- ☐ The management of the Company is reserved to the managers of the company. The name and address of the manager or managing member is as follows:

**GUSTAVO PONS  
MANAGING DIRECTOR  
1504 BAY ROAD, UNIT 2710  
MIAMI, FL 33139**



Signature of 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

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