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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG

Account Number : I19990000180

: (305)357-5775

Phone

Fax Number

: (305)357-5534

FLORIDA/FOREIGN LIMITED LIABILITY (

Hammer Aviation IV, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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11/20/2008

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hammer Aviation IV, LLC

ARTICLE II - Address:

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

2990 N.W. 40th Street Mlami, 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

201 Alhambra Circle, Sulte 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 egree 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 the position as registered agent, as provided for in Chapter 608, F.S.

Registered Agenily 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.

(An additional article must be added if an effective date is requested) (1)

Signature of a ryember of 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 signate.

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