108000/15086

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE
DEC 18 2008
EXAMINER

TRIPP SCOTT

Attorneys At Law A Professional Association

December 16, 2008

Direct dial: 954-627-3838 Email: mmm@trippscott.com

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Registration Section 409 East Gaines Street Tallahassee, FL 32399

Re: Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company for Professional Flight Transport, Inc.

Dear Sir or Madam:

Enclosed please find a Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company for the above referenced entity together with check no. 6796 in the amount of \$180.00 representing the filing fee for the Certificate of Conversion as well as the fees for the filing and certified copy of the Articles of Organization.

If you have any questions with regard to the Certificate of Conversion or the Articles of Organization, please contact me at the above telephone number. I am also enclosing a Federal Express envelope for the return of the certified copy of the above filing.

Very truly yours,

Michele M. Mueller Corporate Paralegal

much m Mulls

mmm Enclosure PILED

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SECRETARY OF STATE

TALL MIASSEE ER OVER

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this | | |
|---|-----------|---|
| Certificate of Conversion is: Professional Flight Transport, Inc. Professional Flight Transport, Inc. | | |
| (Enter Name of Other Business Entity) | | |
| 2. The "Other Business Entity" is a <u>corporation</u> (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) | | |
| first organized, formed or incorporated under the laws of Florida | | |
| (Enter state, or if a non-U.S. entity, the name of the country) | | |
| (Enter date "Other Business Entity" was first organized, formed or incorporated) | 08 | • |
| under the laws of which it is now organized, formed or incorporated: | DEC 17 AN | į |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: | 歴 二: 27 | |
| Professional Flight Transport, LLC . | | |
| (Enter Name of Florida Limited Liability Company) | | |
| 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the | a | |
| effective date listed in the attached Articles of Organization, if an effective date is listed therein.) | • | |

| Signed this 10th day of December | _ 20_08 | |
|--|-------------------------------------|---------------|
| Signature of Member or Authorized Representa | tive of Limited Liability Compan | v: |
| | $\gamma - \gamma_{A}$ | |
| Signature of Member or Authorized Representative | : Harract// | \mathcal{I} |
| Printed Name: Patricia F. Ross | Title: Authorized Representative | 1 |
| | | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s) |).] |
| Signature: Harricia & Prov | 1 | |
| Printed Name: Patricia F. Ross | Title: President | |
| | | |
| Signature: | | |
| Printed Name: | Title: | |
| 6: | | |
| Signature:Printed Name: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title | |
| Trimed Name. | | |
| Signature: | | |
| Printed Name: | _ Title: | |
| | | |
| Signature: | | |
| Printed Name: | _ litle: | |
| If Florida Corporation: | | |
| Signature of Chairman, Vice Chairman, Director, or C | Officer | |
| If Directors or Officers have not been selected, an Inc | | S 0 |
| The second of the second secon | Portportator must sign. | <u>C</u> |
| If Florida General Partnership or Limited Liabilit | y Partnership: | 四四十 |
| Signature of one General Partner. | | |
| | rn. | 7 7 [|
| If Florida Limited Partnership or Limited Liabilit | v Limited Partnership: | |
| Signatures of <u>ALL</u> General Partners. | (O) | s E D |
| All others: | 74) 200 : | > T |
| All others: | Carrent 1 | 7 |
| Signature of an authorized person. | | |
| Fees: | | |
| Certificate of Conversion: | \$25.00 | |
| Fees for Florida Articles of Organization: | \$125.00 | |
| Certified Copy: | \$30.00 (Optional) | |
| Certificate of Status: | \$5.00 (Optional) | |
| | · • | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Nar The name of the Li | ne: mited Liability Compa | nny is: | | | |
|--|---|---|---------------|--------------|---|
| | Flight Transport, "Limited Liability Company, | LLC "the abbreviation "L.L.C.," or the desi | gnation | - | |
| ARTICLE II - Ad The mailing addres | | the principal office of the Lir | nited | | |
| Liability Company | is: | • | | | |
| Principal Office A | ddress: | Mailing Address: | | | |
| 1835 S. Perimeter R Suite 120 | oad | | | _ | |
| Fort Lauderdale, FL | | | | _ | |
| Signature: (The Limited Liability Coindividual or another | | stered Office, & Registered n Registered Agent. You must designat | J | 80 | |
| The name and the l | Florida street address o | f the registered agent are: | YHYT. | 0EC 17 | - |
| | Patricia F. Ross | | _% | | r |
| | | Name | iH,≘ | | ŗ |
| | 1835 S. Perimeter Ro | | _;_;; | | C |
| | | (P.O. Box <u>NOT</u> acceptable) | CENT STATE | 周世27 | |
| | Fort Lauderdale | FL 33309 | - Time | | |

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)

City, State, and Zip

(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: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGR | Patricia F. Ross |
| | 1835 S, Perimeter Road, Suite 120 |
| | Fort Lauderdale, FL 33309 |
| | |
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| LE V: Effective date, if other than the | |
| ent is filed by the Florida Departme | , |
| ffective date: 1) cannot be prior to e ent is filed by the Florida Departmo ective date listed in the attached (| e date of filing: (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as |
| ffective date: 1) cannot be prior to ent is filed by the Florida Departmetective date listed in the attached (listed therein.) | e date of filing: (OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as |
| ffective date: 1) cannot be prior to ent is filed by the Florida Department of the date listed in the attached (listed therein.) REQUIRED SIGNATURE: | e date of filing: (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as |
| ffective date: 1) cannot be prior to ent is filed by the Florida Department of the attached (listed therein.) REQUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608 of this document constitutes an au | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective |
| ffective date: 1) cannot be prior to ent is filed by the Florida Department of the attached (listed therein.) REQUIRED SIGNATURE: Signature of a member or an authorized Reprise Ross, Authorized Reprise Patricia Ross, Authorized Reprise residue to the state of the | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective uthorized representative of a member 17.408(3), Florida Statutes, the execution 18.408(3), Florida Sta |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2