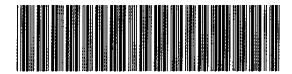
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(2.1), 2.1.1.2.2,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
· (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

G. MCLEOD

JAN 16 2009

**EXAMINER** 



400140340824

01/15/09--01032--022 \*\*130.00

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Greenwich Kahala Aviation, LLC (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald Sherman		
(Name of Person)		
FG Capital		
(Firm/Company)		
601 Heritage Dr., suite 216		
(Address)		
Jupiter, FL 33458		
(City/State and Zip Code)		

For further information concerning this matter, please call:

Gerald Sherman at (561) 214 8157

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\sim \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$Certified Copy (additional copy is enclosed)} \text{\$\$\$\$}

### Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Greenwich Kahala Aviation, LLC

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
GOI Heritage Dr., suite 2/6 Jupiter, FL 33458	Same_
_	d Agent. You must designate an individual or another STORY S

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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGR  MGR  Managing Member	Gerald Shermon 601 Heritage Dr., ste.216 Jupiter, FL 33458
MGR	Bradley E. Smith  7 Water front Plaza, suite 400  500 Ala Moana Blvd.  Honolulu, HI 96183
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing: (OPTIONAL)  se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Joshen	
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document cons	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Gerald

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Sherman

Typed or printed name of signee