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09 APR 20 PH 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

APR 2 1 2009

**EXAMINER** 

## **COVER LETTER**

	istration Section , ision of Corporations
SUBJECT:	Horizon Aircraft International, 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:
	OsmEL E. CAMPOS (Name of Person)
	Horizon Aircraft International, LLC (Firm/Company)
	15300 SW 106 terrace # 510 (Address)
	Miami, FL 33196
	(City/State and Zip Code)
For further in	oformation concerning this matter, please call:
Osm	(Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:
□\$125.00 Fil	ling Fee \$\times \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Files Feet Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Horizon Aircraft International, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
15300 SW 106 terr. #510 Miami, FL 33196	15300 SW 106 terr. #510 Miami, FL 33196		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re-	egistered agent are:		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ress (P.O. Box NOT acceptable)  FL 3319 b  accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited formance of my duties, and I am familiar with and the defendance of my duties for in Chapter 608, F.S		
(			

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Osmel E. CAMPOS 15300 SW 106 terr. #510 Miami, FL 33196
M62	DIEGO G. Contreras 15295 SW 106 LANG # 708 Miami, FL 33196
(Use attachment if necessary)  RTICLE V: Effective date, if other is an effective date is listed, the date or 90 days after the date of filing.)	than the date of filing: 4/15/09. (OPTIONAL) must be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
Signature of	a member or an authorized representative of a member.
of this docum that the fact	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury ts stated herein are true.)
O:	Typed or printed name of signee
Filing Fees:	RATE 2

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)