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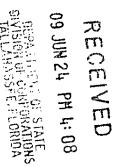
(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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06/25/09--01001--010 **250.00



SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. KOHR
JUN 2 5 2009
EXAMINER



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

June 24, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

\$	Mar	co Island Aviation V, LLC
		N PLONE IL
	Filing Evidence ☑ Plain/Confirmation Co	Type of Document □ Certificate of Status
	☐ Certified Copy	□ Certificate of Good Standing
		□ Articles Only
	Retrieval Request ☐ Photocopy ☐ Certified Copy	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
<u> </u>	Annual Reports	Foreign
<u></u>	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

	TION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	430, 4
The name of the Limited Liability	TION FOR FLORIDA LIMITED LIABILITY COMPANY ty Company is:
Marco	o Island Aviation V, LLC
(Must end with the w	ords "Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ddress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
848 Brickell Ave. Suite 500	848 Brickell Ave. Suite 500
Miami, FL 33131	Miami, FL 33131
	ent, Registered Office, & Registered Agent's Signature: rve as its own Registered Agent. You must designate an individual or another stration.)
(The Limited Liability Company cannot se- business entity with an active Florida regi	rve as its own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot se- business entity with an active Florida regi	rve as its own Registered Agent. You must designate an individual or another stration.)
(The Limited Liability Company cannot se- business entity with an active Florida regi	rve as its own Registered Agent. You must designate an individual or another stration.) address of the registered agent are:
(The Limited Liability Company cannot sebusiness entity with an active Florida region The name and the Florida street	rve as its own Registered Agent. You must designate an individual or another stration.) address of the registered agent are: Rhonda S. Polk Name
The Limited Liability Company cannot sebusiness entity with an active Florida region The name and the Florida street	rve as its own Registered Agent. You must designate an individual or another stration.) address of the registered agent are: Rhonda S. Polk
The Limited Liability Company cannot sebusiness entity with an active Florida region The name and the Florida street 8 Florida s	rve as its own Registered Agent. You must designate an individual or another stration.) address of the registered agent are: Rhonda S. Polk Name 48 Brickell Ave, Suite 500

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)

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
	Marco Island Aviation II, LLC
	848 Brickell Ave. Suite 500
	Miami, FI 33131
CLE V: Effective date, if other than	the date of filing: (OPTIONA
effective date is listed, the date mu	st be specific and cannot be more than five dusiness day .
effective date is listed, the date muse 00 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than tive dustness day. Manual Ember or an authorized representative of a member.
effective date is listed, the date muse days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document of this document of the date of the	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury of herein are true.)
effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document of this document of that the facts state)	amber or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document of this document of that the facts state)	amber or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury of heroin are true.)