

# U09000065337

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Blue Yonder Aircraft Leasing, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**T. CLINE**

JUL - 8 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09 000 158 7593

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

BLUE YONDER AIRCRAFT LEASING, LLC

**ARTICLE II ADDRESS**

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

2784 N ROOSEVELT BLVD  
KEY WEST, FLORIDA 33040

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

PO BOX 5294  
KEY WEST, FLORIDA 33045SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

JULIE ANN FLOYD  
2784 N ROOSEVELT BLVD  
KEY WEST, FLORIDA 33040

Having been named as registered agent 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.

X

  
JULIE ANN FLOYD / Registered Agent's signature

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BLUE YONDER AIRCRAFT LEASING, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

JULIE ANN FLOYD

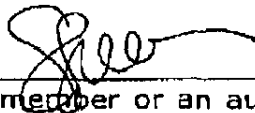
PO BOX 5294

KEY WEST, FLORIDA 33045

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X



Signature of a member or 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.

JULIE ANN FLOYD