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Special Instructions to	Filing Officer:	
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M. THOMAS

AUG 11 2009

EXAMINER

COVER LETTER

TO: Registration Division of 0	i Section Corporations		
SUBJECT:	E	SCO AIR LLC.	
*	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	•
Please return all corre	spondence concerning this mat	ter to the following:	
	NATI	HANIEL DENNIS	
		Name of Person	
	E	SĆO AIR LLC.	2009 TA
		Firm/Company	2009 AUG 10 PH 3: 3
	17	21 NW 41 ST	ASS TO
		Address	Fro 3
	MIAM	I FLORIDA 33142	FLO
	Cit	y/State and Zip Code	RIDA
	E-mail address: (to be used t	for future annual report notification	on)
For further information	n concerning this matter, please	·	,
	ANIEL DENNIS e of Person	at (786) Area Code & Daytime	487-2222 Telephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2009

NATHANIEL DENNIS 1721 NW 41 ST. MIAMI, FL 33142

SUBJECT: ESCO AIR LLC Ref. Number: W09000034689

We have received your document for ESCO AIR LLC, however, upon receipted your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$130.00.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 809A00026142

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
	O AIR LLC.	
(Must end with the words 'Lir	nited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	200 TAS
NATHANIEL DENNIS		
1721 NW 41 ST		一張っし
MIAMI FLORIDA 33142		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an	
EL	.QISE DENNIS	
	Name	
1:	156 NW 56 ST	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)	
MIAM! FLOR	RIDA	
Cit	ty, State, and Zip	
registered agent and agree to act in this statutes relating to the proper and co	nated in this certificate, I hereby acce s capacity. I further agree to comply	ept the appointment as with the provisions of all d I am familiar with and
X Elois Registered Age	e Dinnig nt's Signature (REQUIRED)	
Kegisieren Agei	it a signature (KEQUIKED)	

(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 Membe	Name and Address:
C.F.O.	NATHANIEL DENNIS 1721 NW 41 ST MIAMI FLORIDA 33142
PRESIDENT	NATHANIEL DENNIS 1721 NW 41 ST MIAMI FLORIDA 33142
	SECR A
(Use attachment if necessary)	AUG 10 PH CRETARY OF S CAHASSEE, FI
ARTICLE V: Effective date, if other the	han the date of filing: (() () () () () () () () ()
REQUIRED SIGNATURE:	Time Dennie
(In accordance of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury tated herein are true.)
NATH	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Option	

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)