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SECRETARY OF STATE

COVERLEITER

TO: Registration S Division of Co			
SUBJECT: FLYING	MACHINES ORLAND	OO, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Jerry Fuhrma	an		
		Name of Person	
Flying Machi	nes Orlando, LLC		
		Firm/Company	•
2272 King He	enrys Ct.		7 20 Zo
		Address	
Winter Park,	Fl. 32792		2010 MAY 27 PI SECRETARY OF TALLAHASSEE.
 	Cit	y/State and Zip Code) PH
jettaire@mad	c.com		
	E-mail address: (to be used	for future annual report notification)	977
For further information	concerning this matter, please	e call:	7 2
Jerry Fuhrman		at (407)421-7710	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLYING MACHINES ORLAWOO, 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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
22-72 KING HENRY WINTER PARK, FL.	S eT 31792	-
ARTICI F III - Registered Agent Registere	d Office & Registered Agent's Signature:]
(The Limited Liability Company cannot serve as its own Registrationsess entity with an active Florida registration.)	stered Agent. You must designate an individual of another	

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

TERRY FUHRMAN

Name

2272 KING HENRYS CT.

Florida street address (P.O. Box NOT acceptable)

WINTER PART FL 32792

City, State, and Zip

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

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
M G R.		JERRY FUHRMAN 2272 KING HENRYS CT WINTER PART, FC 32
		AG CE
		SAN C
		OF TO STATE OF THE
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LE V: Effective fective date is li days after the c	e date, if other than the date must date of filing.)	he date of filing: (OPTION be specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific and cannot be more than five business defined as the specific as the spe
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)