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SOLSTICE GLOBAL AVIATION GROUP, LLC

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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: Solstice Global Aviation Group, 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:

Jill M. Ormond			
	Name of Person		
Kaplin Stewart			·
	Firm/Company		
910 Harvest Drive			
	Address		
Blue Bell, PA 19422			
Ci	ity/State and Zip C	ode	
jormond@kaplaw.com		<u> </u>	
E-mail address: (to be used	for future annual r	eport notification)	
For further information concerning this matter, pleas	se call:		
Jill M. Ormond	_{at (} 610	941-2583	•
Name of Person	Area C	ode & Daytime Tele	phone Number
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & [Copy 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Solstice Global Aviation Group, 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:
230 Everglade Avenue, Suite 102	Solstice Global Aviation Group, LLC
Palm Beach, FL 33480	c/o Kaplin Stewart (MBR)
	910 Harvest Drive, Blue Bell, PA 19422

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James D. Mack	<u>(</u>
	Name
230 Evergla	de Avenue, Suite 102
Florid	a street address (P.O. Box NOT acceptable)
Palm Beach	_{FL} 33480
	City State and Zin

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 perfermence 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 regent's Signature (REQUIRED)

James D. Mack

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James D. Mack 230 Everglade Avenue, Suite 102 Palm Beach, FL 33480
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(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other than the fective date is listed, the date must I	e date of filing: (OPTIONAl be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
CLE V: Effective date, if other than the ffective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE: X Signature of a member	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)