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



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EFFECTIVE DATE 04-15-11

11 APR 18 PH 2: 54
SELECTOR STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 19 2011

EXAMINER

COVER LETTER

| 10: | ¿Division of Corporations | | | | |
|----------|---|--|--|--|--|
| SUBJE | CT: PHOENIX AVIATION LLC | | | | |
| | Name of Limited Liability Company | | | | |
| The one | legad Articles of Organization and foo(s) are submitted for filing | | | | |
| | The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
| Please n | eturn all correspondence concerning this matter to the following: | | | | |
| | MIKEL PHOENIX Name of Person | | | | |
| _ | Name of Person | | | | |
| | | | | | |
| _ | Firm/Company | | | | |
| | 1000 WALKER ST #377 Address | | | | |
| - | Address | | | | |
| | HOLLY HILL FL 32117 City/State and Zip Code | | | | |
| _ | City/State and Zip Code | | | | |
| _ | MIKEL PHOENIX & GMAIL. COM E-mail address: (to be used for future annual report notification) | | | | |
| | | | | | |
| | her information concerning this matter, please call: | | | | |
| MI | KEL PHOENIX at 386, 405 4945 | | | | |
| | Name of Person Area Code & Daytime Telephone Number | | | | |
| Enclose | ed is a check for the following amount: | | | | |
| | Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\$ \$155.00 Filing Fee & Sectificate 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 Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32301 | | | | |

FILED

1 APR 18 PH 2: 54

LAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| PHOENIX AUI (Must end with the words "Limited Liability | ATION LLC. y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the print | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1000 WALKER ST #377 | |
| HOLLY HILL FL 32117 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: red Agent. You must designate an individual or another |
| The name and the Florida street address of the re | gistered agent are: |
| MIKEL + | HOEN) X ALL ARR SEL ARR ARR SEC OF THE S |
| Name | APR APR |
| 1000 Walke | 140EN) X = 1 ARR = 1 A |
| Florida street addr | ess (P.O. Box NOT acceptable) |
| HOLLY HILL City, State | e, and Zip SEE PH 2: 51 PH 2: 51 REF STATE |
| City, Stat | e, and Zip OR 5 |
| liability company at the place designated in th | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all |
| | formance of my duties, and I am familiar with and |
| accept the obligations of my position as regist | ered agent as provided for in Chapter 608, F.S |
| Mille | Thank |
| Registered Agent's Signatur | re (REOURED) |

(CONTINUED)

Page 1 of 2

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGR_ | MIKEL PHOENIX 1000 WALKER ST #377 HOLLY HILL FL 32117 |
| | THE APR |
| What should deall to work and a state of the | 18 PM 2: 5L NASSEE FLORI |
| | PA + |
| (Use attachment if necessary) CLE V: Effective date, if other than | |
| ffective date is listed, the date mus) days after the date of filing.) | et be specific and cannot be more than five business days prio |
| REQUIRED SIGNATURE: | Al Thonk |
| Signature of a mer | mber or an authorized representative of a member. |
| constitutes an affirmation u I am aware that any faise in | 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.) |

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)

MIKEL PHOENIX
Typed or printed name of signee