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J. SAULSBERRY **EXAMINER** 

NOV 2 2 2011

## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations			
SUBJECT: Univers	sal Aero-Worldwide, LL	C		
SUBJECT.	Name of Limite	ed Liability Company		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	oondence concerning this matt	er to the following:		
Michael W. I	McCauley			
		Name of Person		
		Firm/Company		
3700 Airpor	t Rd. Suite 204	гиш/ <b>с</b> ошрану		2011 NOV 21 SEGRETARY TALLAHASSE
		Address		TANS
Boca Raton,	FL 33431			SEE. THE
michael@uje	•	//State and Zip Code		AN 8: 44  OF STATE
<u> </u>	E-mail address: (to be used for	or future annual report notific	cation)	
For further information	concerning this matter, please	call:		
Michael W. McCa	uley	at (	-1400	
Name	of Person	Area Code & Dayti	ime Telephone Num	ber
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)	Certific osed) Certifie	O Filing Fee, cate of Status & cd Copy hal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ny is:			
Universal Aero-Worldwide, LLC.				
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	iability (	Compa	any is:
Principal Office Address:	<b>Mailing Address:</b>			
3700 Airport Road	3700 Airport Road		_	
Suite 204 Suite 204 Boca Raton, FL 33431 Boca Raton, FL 33431			_	
			-	
3700 Airport Road, S	Registered Agent. You must designate an indi- f the registered agent are: Esq.			
	City, State, and Zip			
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as Registered Agent's	ed in this certificate, I hereby accept to a pacify. I further agree to comply with etc. Formance of my duties, and I a	the appoi th the pro im famili	intmen ovision ar with	t as s of all h and

Page 1 of 2

(CONTINUED)

## 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 Mo	Name and Address: ember
<u>MGRM</u>	Michael W. McCauley 3700 Airport Road, Suite 204 Boca Raton, FL 33431
	TALLUT TO
	NOV 21 AH 8: ANASSEE, FLO
(Use attachment if necessa	ary)
	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior ng.)
<u>REQUIRED</u> SIGNATUI	RE:
<del></del>	whi hely
(In accordance win constitutes an affi I am aware that an	th section 608.408(3), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true. The false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee

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)