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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Birdie Aviation 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:
Melvin M. Godby
Birdie Aviation, LLC Firm/Company
5050 Pinelake Rd
Wesley Chapel, FL 33543  City/State and Zip Code  Mmg 42503 @ gmail. com  E-shail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MelVin M. Godby at (606) 271-1419  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address Street/Courier Address  Pagistration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Birdie Aviation	n 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 of	fice of the Limited Liability Company is:
Principal Office Address: Mailing	Address:
Soso Pinelake Rd 505 Wesley Chapel Wes	op Pinelake Rd
FL 33543 FL	33543
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. business entity with an active Florida registration.)  The name and the Florida street address of the registered  Melvin M. Agenta Name  5050 Pine lake  Florida street address (P.O. In the City, State, and Zip	You must designate an individual or another agent are:
Having been named as registered agent and to accept ser liability company at the place designated in this certific registered agent and agree to act in this capacity. I furthe statutes relating to the proper and complete performance accept the obligations of my position as registered age	cate, I hereby accept the appointment as or agree to compty) with the provisions of all e of my daties, and I am familiar with and that as provided for in Chapter 608, F.S

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(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: April 11, 2012 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document on constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

ped 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)

constitutes a third degree felony as provided for in s.817.155, F.S.)