4/19/12

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
RAS AVIATION SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$130.00

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TALLAHASSEE, FLORIDA

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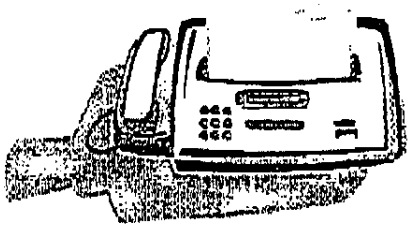
G. MCLEOD
APR 20 2012
EXAMINER

KIJOENNA SERVICES, INC



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
DIVISION OF CORPORATION	**KRISJOENNA SERVICES INC**
Company:	DATE:
RAS AVIATION SERVICES, LLC	**04/19/2012**
Fax Number:	Total # of Pages Including Cover:
850-617-6383	**4**
Phone Number:	Sender's Fax Number:
	305-644-3052
RE:	

2141 SW 1ST Street Suite 110 Miami, FL 33135
TEL: (305)644-3055
FAX: (305)644-3052

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is:

RAS AVIATION SERVICES, LLC

ARTICLE II - Address

The mailing address and street of the principal office of the Limited Liability Company is.

2141 SW 1ST Street Suite 110
Miami, FL 33135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

RICARDO SALVADOR STURNO

2141 SW 1ST Street Suite 110
Miami, FL 33135

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 in 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 obligation of my position as registered agent as provide for in Chapter 608 F.S.

Ricardo Salvador Sturno
Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Member(s):

Title	Name and Address
MGR - Manager	**RICARDO SALVADOR STURNO** **2141 SW 1ST Street Suite 110** **Miami, FL 33135**

Note: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Ricardo Salvador Sturno

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 constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)

RICARDO SALVADOR STURNO

Typed or printed name of signed