

Division of Corporations

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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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

Email Address: _____

RECEIVED
13 MAR -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Global Aircraft LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

MAR 06 2013

D. BRUCE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Global Aircraft Group LLC

ARTICLE II - Address:

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

Principal Office Address:

816 Executive Dr.
Oviedo, FL 32765

Mailing Address:

816 Executive Dr.
Oviedo, FL 32765

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

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

Robin Neilen

Name

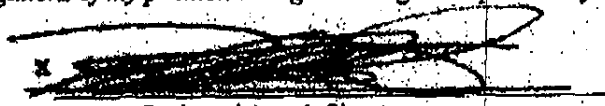
816 Executive Dr., Oviedo,

Florida street address (P.O. Box **NOT** acceptable)

FL 32765

City, State, and Zip

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 performance 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 Agent's Signature

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAR -5 AM 9:47

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

The name and address of each Manager or Managing Member is as follows:

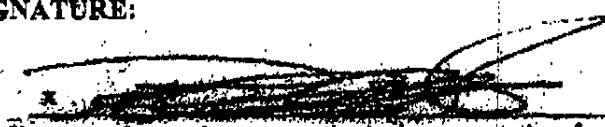
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMRobin Neilen816 Executive Dr., Oviedo,FL. 32765

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested**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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robin Neilen, Organizer

Typed or printed name of signer

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)**SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

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