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To:

Division of Corporations

Fax Number : (850)617-6383

GAIL S ANDRE From:

Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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

 $\overline{\omega}$ Email Address: FLORIDA LIMITED LIABILITY CO. HQ AVIATION, LLC Certificate of Status 0 Certified Copy 1 Page Count 01 **LEWIS** Estimated Charge \$155.00

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ARTICLES OF ORGANIZATION OF HQ AVIATION, LLC

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLE I - NAME

The name of this limited liability company is HQ AVIATION, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the initial principal office of the Company is 215 North Eola Drive, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Matthew R. O'Kane.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company.

Signature of a Member or an Authorized Representative of a Member

Matthew R. O'Kane

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

Matthew R. O'Kane