

U13 000177013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

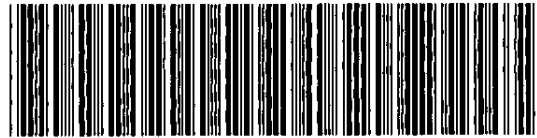
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 27 2013

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2013 DEC 26 AM 10:02  
SUFFOLK COUNTY CLERK  
1000 WILMINGTON  
SUFFOLK COUNTY OFFICE

**CORRECT AGENTS, INC. (formerly CCRS)**  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        KATIE WONSCH

**DATE:**            12/26/2013

**REF. #:**           7333782.9003136

**CORP. NAME:**    1848 AVIATION PARTNERS LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70012228 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |  |

Examiner's Initials

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2013 DEC 26 AM 10:02  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION  
OF  
1848 AVIATION PARTNERS LLC

**ARTICLE I: - Name**

The name of the Limited Liability Company is 1848 AVIATION PARTNERS LLC.

**ARTICLE II: - Address**

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

1221 Brickell Avenue  
Suite 2660  
Miami, Florida 33131

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

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

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

*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.*

NRAI Services, Inc., as Registered Agent

By: Katie Wonsch  
Name: Katie Wonsch  
Title: Assistant Secretary

2013 DEC 26 AM 02  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI

**ARTICLE IV: - Management**

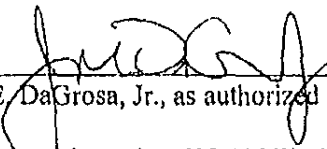
The Limited Liability Company is to be managed by one Manager or more Managers and therefore, a manager - managed company.

**ARTICLE V: - Manager**

The name and address of the Manager is as follows:

MGR                      1848 Capital Partners LLC  
                                 1221 Brickell Avenue  
                                 Suite 2660  
                                 Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on December 24, 2013.

  
\_\_\_\_\_

Joseph E. DaGrosa, Jr., as 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.)

\_\_\_\_\_  
Joseph E. DaGrosa, Jr.  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA