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SECRETARY OF STATE
AND SAME OF STATE

T. Burch FEB - 6 2014

COVER LETTER :

TO: Registration Section Division of Corporations
SUBJECT: Chico & Chico 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:
Roy E. Granoff
Name of Person
Granoff & Kessler, P.A.
Firm/Company
7990 SW 117 Ave., #201
Address
Miami, FL 33183
City/State and Zip Code
granlaw@bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roy Granoff 305 215-2411
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi		npany is:					
CHICO	É CHICA	AVIATIO	ひん <u> </u>				
	(Must end with t	he words "Limited	Liability Company, "L.I	L.C.," or "LLC.")			
ARTICLE II - Addr The mailing address a		s of the principal of	ffice of the Limited Liab	ility Company is:			
Principal Office Add	iress:	<u>Mailir</u>	ng Address:				
GOROY GRAN 7990 SW 11 MIAHI FL	10FF 7 AVE. 50 33183	VITE 201	Cb Roy GRANG 7990 Sw 1: MIBMI, FR	844 17 <i>AVE.,</i> SUIJ 33183	T-ZO/	,	
	y Company cann	ot serve as its own	& Registered Agent's S Registered Agent. You r n.)		TAMORE AH	#FEB	
The name and the Flo	rida street addre	ss of the registered	agent are:		TAR ASS	ည်	Taracana E
	Roy E. Granoff, Es				E O	2	
		Name			ES.		Contract E
	7990 S.W. 117 Av						
	Florida street	address (P.O. Box	: NOT acceptable)		D.FI	ത	
	iviiami		FL 33183				
		City	Zip				
the place designat capacity. I further o	ed in this certific agree to comply v	ate, I hereby accept with the provisions () and accept the obl	rvice of process for the al t the appointment as regi of all statutes relating to ligations of my position a ter 605, F.S.	stered agent and a the proper and con	gree to a nplete pe	ict in t erform	his ance
	Registe	ered Agent's Signat	ture (REQUIRED)				
		(CONTINU	ED)				
		Page 1 of 2					

Title:	Name and Address:
"AMBR" = Authorized Member	<u> </u>
"MGR" = Manager	
AMBR	Roy E Granoff
	7990 S.W. 117 Ave., Suite 201
	Miami, FL 33183
AMBR	Eusebio Verrier
	19380 S.W. 185 Court
	Miami, FL 33187
	<u> </u>
Use attachment if necessary)	11-4 MD
E V: Effective date, if other than the date	of filing:
(Use attachment if necessary) EV: Effective date, if other than the date extive date is listed, the date must be specif filing.) EVI: Other provisions, if any.	EFS EFS
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.)	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation up I am aware that any false in	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menute of a menu	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. Signature of a men (In accordance with section of constitutes an affirmation up I am aware that any false in constitutes a third degree fe	of filing: