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Florida Department of State
Division of Corporations
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To: Division of Corporations
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TALLAHASSEE, FLORIDA

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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.
RED TAIL AVIATION CONSULTING SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

RED TAIL AVIATION CONSULTING SERVICES, LLC

ARTICLE II- Address:

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

Principal Office Address:

Mailing Address:

5701 GREY FOX RUN

5701 GREY FOX RUN

FORT MYERS, FL 33912

FORT MYERS, FL 33912

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

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

CHARLES CUNNINGHAM

Name

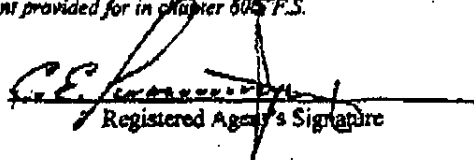
5701 GREY FOX RUN

Florida Street address (P.O. Box NOT acceptable)

FORT MYERS, FL 33912

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 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 provided for in Chapter 605 F.S.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR"= Authorized Member

"MGR"= Manager

Name and Address:

AMBR

CHARLES CUNNINGHAM

5701 GREY FOX RUN

FORT MYERS, FL 33912

MGR

CHARLES CUNNINGHAM

5701 GREY FOX RUN

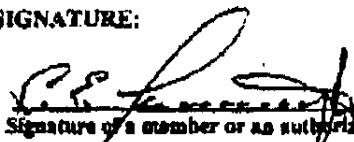
FORT MYERS, FL 33912

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CHARLES CUNNINGHAM

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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