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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	ECT: HELICOPTER MART, LLC  Name of Lin	mited Liability Company	·	
The en	aclosed Articles of Organization and fee(s) a	re submitted for filing.		
Please	return all correspondence concerning this m	natter to the following:		
	TANYA M. PLAUT	Name of Person	·····	
	TANYA M. PLAUT, ATTORNEY		eserly P	21
	407 DIGUIDODT I ANIE	Firm/Company		下题Y 2
	127 RICHPORT LANE	Address		21 磨
	EDGEWATER, FL 32132	City/State and Zip Code	25 44 27 4 27 4 27 60	an.
I/	ANYAPLAUT_ATTORNEY@CFL.RR.CI E-mail address: (to be use	OM d for future annual report notification	on)	-
For fur	rther information concerning this matter, ple	ase call:		
TANY	A M. PLAUT at (A	407 ) 425-6610 Area Code Daytime Telep	hone Number	
_	ted is a check for the following amount:  30 Filing Fee \$\bigseleft \frac{1}{2}\$130.00 Filing Fee \$\bigseleft \text{Certificate of Status}\$	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclose	ed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

37

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
HELICOPTER MART, LLC.	
(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
410 OUAY ASSISI NEW SMYRNA BEACH, FL 32169	410 QUAY ASSISI NEW SMYRNA BEACH, FL 32169
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	ngent are:
STEPHEN P. LESTER	
Name	
410 QUAY ASSISI	
Florida street address (P.O. Box ]	NOT acceptable)
NEW SMYRNA BEACH, FL	FL 32169
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	OTEDUCAL D. I. COTED
MGR	STEPHEN P. LESTER
	410 QUAY ASSISI NEW SMYRNA BEACH, FL 32169
	NEW SWITKING BEACH, FL 32109
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Use attachment if necessary)	TAR
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