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RICHPORT AIR 1, LLC

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COVER LETTER

TO: Registration Section Division of Corporations
RICHPORT AIR I, LLC
SUBJECT: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:
Karen T. Rodriguez
Name of Person
Triad Professional Services
Firm/Company
1720 Windward Concourse, S. 390
Address
Alpharetta, GA 30005
City/State and Zip Code
KTessiero@nksfb.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen Rodriguez 770 777-2091
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Malling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
RICHPORT AIR 1, LLC	
(Must end with the words "Limited Liability (Company, "L.L.C.," or "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:
c/o Kyle Tessieru, Nigro Karlin Segal & Feinstein 810 Seventh Avenue, S. 1701 New York NY 10019	c/o Kyle Tessiero, Nigro Karlin Segal & Feir 810 Seventh Avenue, S. 1701
INCM TOLK IA L 10013	New York NY 10019
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: I Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
NRAI Services, Inc.	
Name	
1200 S. Pine Island Road	

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..

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

State

Plantation

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

33324

Zip

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Marco Muniz		
	c/o Kyle Tessiero at Nigro Karlin Segal & Feinstein		
	810 Seventh Avenye, S. 1701, NY, NY 10019		
			
······			
			
(Use attachment if necessary)			
ite of filing.) : If the date inserted in this block does not meet the a	I cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not	-	
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ARTICLE IV-

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SECRETARY OF STATE STATE OF CORPORATIONS