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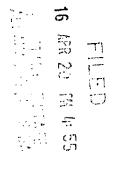
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Special Instructions to	Eiling Officer	
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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC"	Ultra Interest Aviation LLC			
SUBJEC		Limited Liabil	ity Company	
The enclo	osed Articles of Organization and fee(s	s) are submitted	for filing.	
Please ret	turn all correspondence concerning thi	s matter to the t	following:	
	Scott McCormack			
		Name of	Person	
	Granite Capital			
		Firm/Co	mpany	
	560 Lexington Avenue, 10th Floor			
		Addı	ress	
	New York, NY 10022			
	scottmc@gmail.com	City/State ar	d Zip Code	
	E-mail address: (to be	used for future	annual report notification)	
For further	information concerning this matter, p	lease call:		
	Scott McCormack	646 t (637-0927	_
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status	s L—Certifi	ied Copy Certific nal copy is enclosed) Certific	Filing Fee, cate of Status & Copy al copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	16 APR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

6030

The name of the Limited Liab	oility Company is:			FILED
Ulta Interest Avia	tion LLC			16 APR 20 PM 4: 55
		d Liability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the L	imited Liability Company is:	
	cipal Office Address:		Mailing Ad	dress:
228 South Beach I	Road		Granite Capital	
Hobe Sound, FL 3	3455		560 Lexington Avenue, 10t New York, NY 10022	h Floor
The name and the Florida stre	et address of the registere Scott McCormack	d agent are:		
	_			
	Beott Weedinack	Name		
	228 South Beach Ro	ad		
	Florida street addres		IOT acceptable)	
	Hobe Sound	FL	33455	
	City	State	Zip	
laving been named as registere lace designated in this certifica urther agree to comply with the m familiar with and accept the	ate, I hereby accept the app provisions of all statutes r obligations of my position	pointment as recelating to the parties as registered to	gistered agent and agree to ac proper and complete performa	ct in this capacity. I nnce of my duties, and I
		(CONTINU	J ED)	

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	Doham C. McCommonly
AMBR	Robert C. McCormack 228 South Beach Road
	Hobe Sound, FL 33455
	Hobe Sound, FL 33433
MGR	Robert C McCormack
	228 South Beach Road
	Hobe Sound, FL 33455
MGR_	Scott McCormack
	560 Lexington Avenue, 10th Floor
	New York, NY 10022
(Use attachment if necessary)	
ate of filing.)	t meet the applicable statutory filing requirements, this date will not be listed
te of filing.) If the date inserted in this block does no cument's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed
te of filing.) If the date inserted in this block does no ocument's effective date on the Department of the October provisions, if any. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not be listed nt of State's records.
te of filing.) If the date inserted in this block does no cument's effective date on the Department of the Uter Provisions, if any. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. C. McCornaek
re of filing.) If the date inserted in this block does not be became the date on the Department of th	t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. C. McCornack member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
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REOUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fa constitutes a third deg \$125.00 Filling Fee for Articles of C	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Cobert C. M. Com. C. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
REOUIRED SIGNATURE: Signature of a a This document is exect I am aware that any fa constitutes a third deg \$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional)	t meet the applicable statutory filing requirements, this date will not be listed int of State's records. C. McGornack member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Cobert C. McGornack Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
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