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| · | | OVER LET | IER |
| | ew Filing Section ivision of Corporations | , | |
| SUBJECT | Talon Aviation Middle East LLC | | |
| 3020201 | | Limited Liabil | ity Company |
| The enclos | ed Articles of Organization and fee(s) | are submitted | for filing. |
| Please retu | rn all correspondence concerning this | matter to the f | following: |
| | Charles Dublin | | |
| | | Name of | Person |
| | Talon Holdings, LLC | | |
| | | Firm/Co | mpany |
| | 233 E Bay Street, Suite 615 | | |
| | | Addr | ess |
| | Jacksonville, FL 32202 | | |
| | cpdublin@bhdefense.com | City/State an | d Zip Code |
| <u>-</u> | | ed for future a | innual report notification) |
| For further in | nformation concerning this matter, plea | ase call: | |
| | | 904 | 634-0501 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Enclosed is | a check for the following amount: | | |
| \$125.00 Fi | _ | L_J _{Certifi} | 20 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|---|--|
| Talon Aviation Middle East LLC | |
| (Must contain the words "Limited Liabi | ity Company, "L.L.C.," or "LLC.") |
| | |
| ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address: | of the Limited Liability Company is: Mailing Address: |
| The mailing address and street address of the principal office | , , , |
| The mailing address and street address of the principal office Principal Office Address: | Mailing Address: |

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

another business entity with an active Florida registration.)

| Michael R. McCull | ough | |
|----------------------|----------------------------|------------|
| | Name | |
| 233 E Bay Street, | Suite 1010 | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | cceptable) |
| Jacksonville | FL | 32202 |
| City | State | 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)

18 JUN 22 AM 9: 27

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager <u>MGR</u> | Charles Dublin 233 E Bay Street, Suite 615 Jacksonville, FL 32202 |
| | |
| | |
| (Use attachment if necessary) | |
| the date of filing.) | fic and cannot be more than five business days prior to or 90 days after |
| REQUIRED SIGNATURE: | 1 5 1 8 N S S S S S S S S S S S S S S S S S S |
| This document is executed I am aware that any false in | Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Sagues. formation submitted in a document to the Department of Sagues. lony as provided for in s.817.155, F.S. |
| Charles Dublin | Typed or printed name of signee PD A TOP |
| \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | Filing Fees: nization and Designation of Registered Agent |

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

ARTICLE IV-