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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 : (917)243-5843 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. JET FLEET TRANSPORT LLC

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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

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Help

ARTICLES OF ORGANIZATION FOR FLORIDAL EMITED LIABILITY COMPANY

| , 40.202.201 | Wetch the Annual I Court Man |
|---|---|
| ARTICLE 1 - Name: | |
| The name of the Limited Liability Company is: | |
| | |
| JET FLEET TRANSPORT LLC | |
| (Must end with the words "Limited Liabil | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal office of | f the Limited Liability Company is: |
| B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
| Principal Office Address: | Mailing Address: |
| 1757 EL CAMINO RD APT 1 | 1757 EL CAMINO RD APT 1 |
| JACKSONVILLE FL 32216 | JACKSONVILLE FL 32216 |
| *************************************** | |
| ARTICLE III - Registered Agent, Registered Office, & Reg | istered Agent's Signature: |
| (The Limited Liability Company cannot serve as its own Regist | ered Agent. You must designate an individual or |
| another business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agen! | are: |
| HERSON VIZCAINO | |
| Name | • |
| 1757 EL CAMINO RD APT | rı |
| Florida stress address (P.O. | Box NOT acceptable) |

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 Juties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

FL

State

32216

Zip

JACKSONVILLE

City

Herson Uzcaino
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: | Name and Address: | |
|---|---|---|
| "AMBR" = Authorized Member | | |
| 'MGR" # Manager | ICED CONTINUES AND IN | |
| AMBR | HERSON VIZCAINO | ······ |
| | 1757 EL CAMINO RD APT 1 JACKSONVILLE FL 32216 | ********** |
| | JACKSON VILLE FL 32210 | ********* |
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| Use attachment if necessary) | | |
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