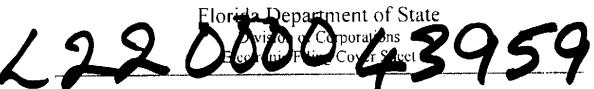
From: Lexus Wingo

2/4/22, 2:26 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)573-3996 Fax Number : (954)208-0845

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLESOF	ORGANIZATIO	NFORFLORI	DA LIMETED LI	IABILITY O	OMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Jet Aviation Opa Locks, LLC

(Must contain 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:

 112 Charles A. Lindbergh Drive
 112 Charles A. Lindbergh Drive

 Teterboro, NJ 07608
 Teterboro, NJ 07608

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered 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 agent are:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation Florida 33324

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.

C T Corporation System

By:

Registered Agent's Signature (REQUIRED)

Stephanie Hencz Assistant Secretary

(CONTINUED)

SECRETARY OF STATE TALLAHASSEE, FLORID,

FILED

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