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COVER LETTER

TO:	New Filing Sec Division of Cor							
	AEROSAF	E GLOBAL LLC						
SUBJE	ест:						-	
		Nai	ne of Limi	ted Liabil	ity Company			
The en	closed Articles of	Organization and	fee(s) are	submittec	I for filing.			
Please	return all correspo	ondence concernir	ng this matt	ter to the	following:			
				KEVI	N MCKEMY			
			_	Name of	Person			
			Aŀ	ROSAFI	GLOBALTLC.			
	Firm/Company 297 N HAMILTON SPRINGS RD							
				Addi	ress		<u></u>	
			ST	AUGUS	TINE, FL 32084			
		A			nd Zip Code .LLC@GMAHCOM			
		E-mail address: (to	o be used f	or future	annual report notificati	on)		
For furth	ner information co	ncerning this mat	ter, please	call:				
	KEVIN MCF	CEMY	904		909-1959		22 / SEC	-
	Nam	ne of Person	at (Are	ea Code	_) Daytime Telephon	c Number	22 AUG 16 SECRETARY FALLAHASSI	ſ
Enclos	sed is a check for t	he following amo	unt:				SAN PA	֭֭֡֞֟֝֟֝֟֝֟֝ ֓֞֞֞֞֓֞֓֞֞֞֓֓֞֞֞֞֞֓֓֞֞֞֞֞֓֞֓֞֓֓֞֩֞֩֞֩֞֡֓֓֞֩
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	· · · · · · · · · · · · · · · · · · ·	ng Address Filing Section			Street Address New Filing Section D			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee FL 22202

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AEROSAFE GLOBAL 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:		
297 N HAMILTON SPRINGS RD	297 N HAMILTON SPRINGS RD		
ST AUGUSTINE, FL 32084	ST AUGUSTINE, FL 32084		

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:

	KEVIN MCKEMY	<u>.</u>
	Name	
297 N H	AMILTON SPRINGS	RD
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
ST AUGUSTINE, FL 320	8-1	
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 l 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)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR KEVIN MCKEMY MGR KEMY MGR KEVIN MCKEMY MGR KEVIN MCKEMY MGR KEVIN MCKEMY MGR KEMY MGR KEVIN MCKEMY MGR KEMY MCKEMY MGR	Title:	Name and Address:
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Typed or printed name of signee		KEVÍN MCKEMY 3 5 90 O
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)