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| e : Copies              | Certificates of        | of Status    |
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| and Instructions to Fil | ing Officer:           |              |
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S. CHATHAM FEB 16 2023

2023 FEB | 6 PM 12: 33

SECEIVED

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195  |
|--|
| REFERENCE: 502066 5132079  |
| AUTHORIZATION: Single Company  |
| COST LIMIT : \$ 130.00   |
| ORDER DATE : February 15, 2023   |
| ORDER TIME : 9:25 AM   |
| ORDER NO. : 502066-005   |
| CUSTOMER NO: 5132079   |
|  |
| DOMESTIC FILING  |
| NAME: MN AIRPORT HOLDINGS, LLC   |
|  |
| EFFECTIVE DATE:  |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  |
| CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING                     |
| CONTACT PERSON: Eyliena Baker - EXT.   |

EXAMINER'S INITIALS:

## COVER LETTER

|            | New Filing Sec<br>Division of Cor |   |                     |  |   |
|------------|-----------------------------------|---|---------------------|--|---|
| SUBJEC     | MN Airpo                          | rt Holdings, LLC  |                     |  |   |
| SOBSEC     |                                   | Name  | of Limited Liabi    | lity Company   |   |
| The encle  | osed Articles of                  | Organization and fee  | (s) are submitted   | for filing.  |   |
| Please re  | turn all correspo                 | ndence concerning t   | his matter to the t | ollowing:  |   |
|            | Shana Loom                        | ar  |                     |  |   |
|            |                                   |   | Name o              | f Person   |   |
|            | ATP Flight                        | School  |                     |  |   |
|            |                                   |   | Firm/Co             | ompany   |   |
|            | 1555 The G                        | reens Way   |                     |  |   |
|            |                                   | <u>-</u> .  | Add                 | ress   | <del></del> -   |
|            | Jacksonville                      | Beach, FL 32250   |                     |  |   |
|            | Shana.loomar                      | @ allatps.com   | City/State ar       | nd Zip Code  |   |
|            |                                   | <u> </u>  | used for future a   | innual report notificati   | on)   |
| or further | information co                    | ncerning this matter.   | please call:        |  |   |
|            | Shana Looma                       | ır  | 908<br>at (         | 672-0383   |   |
|            | Nam                               | e of Person   |                     | Daytime Telephon   |   |
| Enclosed   | is a check for t                  | he following amount   | ·<br>:              |  |   |
| □\$125.0   | 00 Filing Fee                     | ■ \$130.00 Filing I<br>Certificate of State                                   | us Certifi          | 5.00 Filing Fee & led Copy all copy is enclosed)   | ☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|            | New F<br>Divisio<br>P.O. B        | g Address<br>iling Section<br>on of Corporations<br>ox 6327<br>ssee, FL 32314 |                     | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230 | assee<br>et, Suite 810  |

# ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

| MN Airport Holdings<br>(Must cona                          | tin the words "Limited                                       | Liability Company,              | "L.L.C.," or "LLC.")     |                            |                          |      |
|--|--|---------------------------------|--------------------------|----------------------------|--------------------------|------|
| ARTICLE II - Address:<br>The mailing address and street ad | ldress of the principal o                                    | ffice of the Limited I          | Liability Company is:    |                            |                          |      |
| <u>Principa</u>  | al Office Address:   |                                 | Mailing Address:         |                            |                          |      |
| 1555 The Greens Wa   | y  |                                 | The Greens Way           |                            |                          |      |
| Jacksonville Beach, I                                      | FL 32250   | <u>Jack</u>                     | sonville Beach, FL 32250 |                            |                          |      |
| The name and the Florida street a                          | -  | _                               |                          | 7 E S                      | 83                       | 4872 |
|  | Corporation Service  | _                               | eceptable)               | ETARY OF ST<br>LAHASSEE, F | EB 16 PH 12:             | 3 0  |
|  | Corporation Service  1201 Hays Street Florida street address | Name SS (P.O. Box <u>NOT</u> ac | ,                        | ETARY OF STATE             | 2023 FEB   6 PM   12: 33 | 3    |
|  | Corporation Service  | Company<br>Name                 | 32301<br>Zip             | LAHASSEE FI                | EB 16 PH12: 33           | 3 0  |

(CONTINUED)

### ARTICLE IV-

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

| Title:   | Name and Address;   |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager   |   |
| ~  |   |
| AMBR   | Airline Transport Professionals Holdings, Inc. 1555 The Greens Way            |
|  | Jacksonville Beach, FL 32250  |
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| T.E.V: Effective date, if other than the date  | e of filing: (OPTIONALL &   |
|  | pecific and cannot be more than five business days prior to or 90 days.       |
| e of filing.)  |   |
| If the date inserted in this block does not cument's effective date on the Departmen | meet the applicable statutory filing requirements, this date will not be list |
| rument's effective date on the Departmen   | tor state's records.  |
| CLE VI: Other provisions, if any.  |   |
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|  | tember or an authorized representative of a member.                           |
| This document is access  |   |
|  | uted in accordance with section 605.0203 (1) (b), Florida Statutes.           |
| I am aware that any fals   | se information submitted in a document to the Department of State             |
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| I am aware that any fals   | se information submitted in a document to the Department of State             |

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)