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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. AVIATION HOLDINGS 1 LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

AVIATION HOLDINGS LLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

3461 T4T.JT.

The mailing address and street address of the principal office of the Limited Eability Company is:

Principal Office Address:	Mailing Address:
LEGARE COURT	346 LEGARE COURT
ITER, FL 33458	JUPITER, FL 33458

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 Plorida street address of the registered agent are.

SCOTT PARKIN		
	Name	
346 LEGARE COL	RT	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
JUPITER	ान्	33458
City	State	Zip

Having been named as registered agent and to accept service of process for the obove stated limited hability company at the place designated in this certificate. Thereby accept the approximent as registered agent and agree to act in this capacity. Itfurther agree to comply with the provisions of all standes relating to the proper and complete performence of my duties, and I am familiar with and accept the obligations of my position as vegisteved agent as provided for in Chapter 605, F.S.

> Scott Parkin - Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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(((H23000182185 3)))

From: Alexander Englard

(((H23000182185 3)))

Title: "AMBR" = Author	ized Member	Same and Address:
"MGR" = Manager	-	PATRICK CANTLAY
Manager		5342 OLD FORT JUPITER RD
		JUPITER, FL 33458

		,
		of filing (OPTIONAL)
E V: Effective date ective date is listed. of filing.) the date inserted in	, if other than the date , the date must be spe	of filing
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E V: Effective date setive date is listed. of filing.) the date inserted in nent's effective date. E VI: Other provision REOURED SIGN	if other than the date is the date must be specified this block does not not be on the Department ons, if any safety of a me is document is executed aware that any false	mber or an authorized representative of a member of statutes and in accordance with section 605 0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in \$817, 155, F.S.

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