## L95000000051

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(Aldrens)	Carlotte March	
C. O C O.11	FC 32426	OFFICE USE ONLY
(City, Sinte, Zip)	(Phone #)	Office our office
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		GA.
		•
CORPORATION NAM	E(S) & DOCUMENT NUMI	BER(S) (if known):
		· •
1. (Corporation	n Nama)	(Document #)
2.		•
(Corporatio	n Name)	(Document #) F.J. H. T. L. T. T. C.
3·		(Document #)
(Corporation	n Name)	(Document #) ++++168,75 ++++168,75
4. (Corporation	e Marriel	(Document #)
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		6000001 3888986 -01/25/950108009 Certificate of \$444688.75 ++++68.75
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NEW FILINGS	AMENDMENTS	<del></del>
Profit	Amendment	<u> </u>
NonProfit	Resignation of R.A., Officer,	/Director
Limited Liability	Change of Registered Agent	1 1
Domestication	Dissolution/Withdrawal	1
Other	Merger	, .
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	/
Name Reservation	Reinstatement	De la
	Trademark	1200
	rrademark	Examiner's Initials

Other

CR2F031/10/924

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	9 / \
ARTICLE I - Name: The name of the Limited Liability Company is: $AG\mathcal{L}^{\mathcal{T}}$	
Michal AMERICANINAS AVIOLATION	
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability is:	Company
ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be:	
UNTIL AMILL 1 20111	
ARTICLE IV - Management: (check and complete the appropriate statement)	

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

CONORD E Nations 30 188 20 NAME OF THE COCON, FEA BEREL WAR WAR TO THE TENER OF THE

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of	the limited liability company is:	······
MEGONIA	MENISOLIA SERVICES L.C.	
The name and addres	s of the registered agent and office is:	
ه د کے	VILLO E. Michols In	. 2
-	(Name)	- (ii)
351	O' BRYCE STREET	og J. 190
·	(P.O. Box not acceptable)	* =====================================
Co	con FL 32926	
	(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.

(Signature) 1.18.95 (Date)

FILING FEE: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of
The undersigned member or authorized representative of a member of
1) the above named limited liability company has at least two members
2) the total amount of cash contributed by the member(s) is \$
3) if any, the agreed value of property other than cash contributed by member(s) is  \$ A description of the property is attached and made a part hereto.
4) the total amount of cash or property anticipated to be contributed by member(s) is \$ This total includes amounts from 2 and 3 above.
Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Floring, Statutes, the execution of this efficient is
Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florid Statutes, the emcution of this affidavit