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			Z _	1001-1	- 7					
DOCUMENT # L9800003145 1. Entity Name EMF AVIATION I, LLC						HILEU				
	AVIATION I, LEC					I-ILEL) SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address					- OC	00 MAR -6 PH 12: 11				
C/O ALAN W. LEVINE. ESQ. 1110 BRICKELL AVENUE. 7TH FLOOR MIAMI FL 33131 C/O ALAN W. LEVINE. ESQ. 1110 BRICKELL AVENUE. 7TH FLOOR MIAMI FL 33131-3132										
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	City & State City & State				4. FEIN	NOT APPLICABLE	· \-	plied For t Applicable		
Zip	Country	Zip	Cour	ntry_	5. Certi	ificate of Status Desired	\$5.00 Add Fee Required			
	6. Name and Address of Current	Registered Agent		Nama	7. Nam	e and Address of New Register	d Agent			
LEVINE, ALAN W				L	ess (P.O. Box Number is Not Acceptable)					
LEVINE AND PARTNERS, P.A. 1110 BRICKELL AVENUE, 7TH FLOOR					<u>`</u>					
MIAMI FL		•		City	FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or reg					ered agent,					
	•		· ·					}		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature requi	red when reinstat	ing) DAT	E			
		FILE N	!!!WO	FEE IS \$50.00)					
		Make Check P	ayable 1	to Department	of State					
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHANG	iES			
TITLE MAME	MGR LEVINE, ALAN W	□ Delete	THE			ه.	Change	Add/Ition		
STREET ADDRESS CITY-ST-ZIP	1110 BRICKELL AVENUE, 7TH FLOOR			REET ADDRESS Y-ST-ZIP		N 3/2000				
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CITY-ST-ZIP	and it is that the information and the information	a this filing stops and average of		Y-8T-ZIP	Spotion 110	07/3)(i) Florida Statutos I furthor	certify that the is	oformation		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.										
		\)) 372-135	50		
SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING MANAGER Date Date Date Date Date										