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65 NE 4TH AVENUE

DELRAY BEACH, FL 33483

MEMBER OF N.Y., C.T., FL. & D.C. BARS (561) 272-0282 FAX (561) 272-6013 E-MAIL: LJCLEGAL@AOL.COM NEW YORK OFFICE

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March 4, 1999

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

600002798296--0 -03/08/99--01137--004 ****285.00 ****285.00

Re: <u>Jacee Aviation, LLC</u>

Enclosed please find the Articles of Organization and Affidavit for the above referenced Limited Liability Company to be filed with your office.

I have also enclosed my Attorney Trust Account Check in the sum of \$ 285.00 representing the filing fee, designation of Registered Agent fee and Certificate of Status.

Please file the enclosed Articles and return to this office a Certificate of Status upon filing.

AUTHORIZATION BY PHONE TO

DOC. EXAM

LJC/nlb

LOUIS J. CARBONE



SECTE AND THE STATE OF THE STAT

ARTICLESS OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACEE AVIATION, LLC.

ARTICLE II- Address:

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

23138 L'Ermitage Circle Boca Raton, Florida 33433

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

[X] 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:

MICHAEL A. CAPPELLI 23138 L'Ermitage Circle Boca Raton, Florida 33433

[] 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:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

THE STATE OF STATE

Only upon unanimous approval of all members of the limited liability company.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The members shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member in accordance with the terms of the operating agreement for the limited liability Company.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of **JACEE AVIATION**, **L L C**. certifies:

1) the above named limited liability company has at least one member;
2) the total amount of cash contributed by the member(s) is

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.); and
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ 1,000.00:

\$ 10,000.00.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL A. CAPPELLI

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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.

| 1. The name of the limited liability company is: | |
|---|---|
| JACEE AVIATION, LLC. | |
| | |
| 2. The name and address of the registered agent and office is: | |
| Michael A. Capelli | |
| Michael A. Capelli (NAME) | ···· |
| | |
| 23138 L'ermitage | |
| (P. O. Box <u>NOT</u> ACCEPTABLE) | |
| (r. o. box <u>not</u> accertable) | |
| Boca Raton, FL 33433 | |
| (ČITY/STATE/ZIP) | <u> </u> |
| | |
| Having been named as registered agent and to accept service of stated limited liability company at the place designated in this certification that are gistered agent and agree to act in this capacitomaph with the provisions of all statutes relating to the performance of my duties, and I am familiar with and accept position as registered agent. | ificate, I hereby accept city. I further agree to proper and complete the obligations of my |
| IIIIAN H (Annell) | 3/4/99 |
| (SIGNATURE) | (ĎATE) |