

C T CORPORATION SYSTEM			
Requestor's Name 660 East Jefferson Stre	eet :	9000032127 -04/18/00010 *******5.00	79——8)56023 ******5.00
Address Tallahassee, FL 32301	(850)222-1092	,,,,,	
City State Zip	Phone	9009032127	79-022 ****125.00
CORPORAT	ION(S) NAME	****125.80 *	- -
251 1.00	+20 116		-
ODI AVIC	ation, LLC	900003212 -05/02/000	
	M-852	***1050:80	
() Profit (<u>)</u> NonProfit	() Amendment	() Merger	
Limited Liability Compa	any () Dissolution/	Withdrawal () Mark	
() Limited Partnership	7 <i>0(</i>) () Annual Repo	ort () Other () Change of R.A	1-1
() Reinstatement () Limited Liability Part	() Reservation	() Fictitious No	\ N _ 1/1/
() Certified Copy	() Photo Copie	es Cus LLA	
() Call When Ready	() Call if Probl () Will Wait	em () After 4:30	
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Name Avallability	11/10	PLEASE RETURN EXTRA COPY(S	2 <u>.</u>
Document	7/18	FILE STAMPED	
Examiner	ION OF CORPORATIONS LANASSEE, FLORIDA	ital Isinio laura earnest	
Updater Verifier	APR 18 PM IS: 03		
Acknowledgment		<u> </u>	
	CECEIVED	<u>/</u>	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 18, 2000

CT CORP. LE

SUBJECT: 3DI AVIATION, LLC Ref. Number: W00000010215

We have received your document for 3DI AVIATION, LLC and your checkey totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1050.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 900A00021182

Please back date filing to 4/18 if possible.

Thanks -

OD MAY -2 AH II: 01
DEFENDED OF CORPORATION OF CORPORATION

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 08.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

JUL A	viatior	լ, հեն	(Name of foreign lim	ited liability company	y)		
	are on under the l corganized)	aw of which foreign	3. limited liability	52-2155562 (FEI n	umber, if applicat	ole)	
March	15, 19 (Date of	9 9 Organization)	5.	perpetual (Duration: Year linexist or "perpetual"	nited liability comp	oany will cease	to
<u>April</u>	2, 199 (Date fi	9 rst transacted busine	ess in Florida. (See se	ctions 608.501, 608.	502, and 817.155,	F.S.)	
28969	Infor	nation Lane					_
Easto	n, Mary	vland 21601	(Street address of	principal office)		TAL.S.	
If limite	d liability o	company is a mar	nager-managed co	mpany, check her	e X	器器	=
The usua	al business	addresses of the	managing membe	ers or managers a	e as follows:	B THE	FILED FILED
28969	Inform	nation Lane				FLOR	<u>2:</u>
Easto	n, Mary	rland 21601				<u> </u>	-
jurisdiction	n under the la	w of which it is organ	e, no more than 90 da nized. (A photocopy is nslator must be submit	not acceptable. If the	ated by the official h	naving custody o neign language,	frecords in a
Nature	of busines	s or purposes to	be conducted or p	romoted in Florid	a: <u>own & o</u>	perate a	<u>ir</u> craf
<u>for us</u> indust		Signature of a m	ial photogr iember or an authorities of perjury	orized representat	ive of a membe	– T.	seņsir

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liabilit	y Company is:	
3 D	I AVIATION, LLC	
2. The name and the Florida street a	address of the registered agent and offi	ce are:
		72.57
C T Corporation System	E9 5 7	
(Name)		R 18
c/o C T Corporation Sys	SHE P	
Florida st	ELS IS	
		FATE PRIDE
Plantation	FL 33324	ア'
	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 as provided for in Chapter 608, F.S..

CT Corporation System

5 muse G. Mhuman (Int. Secretary)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "3DI AVIATION, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE SEVENTEENTH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Edward J. Freel, Secretary of State

AUTHENTICATION:

0385865

DATE: 04-17-00