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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	·
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	





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ACCOUNT	NO.	:	072100000032

REFERENCE : 462169

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AUTHORIZATION

OST LIMIT : \$ 45.9

ORDER DATE: September 19, 2006

ORDER TIME : 9:39 AM

ORDER NO. : .462169-005

CUSTOMER NO: 4327828

FOREIGN FILINGS

NAME: ATLANTIC VESSELS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

TRANSACT IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 20-5552136 Montana (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 09/06/2006 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 09/19/2006 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 201 E. Lyndale Road, Helena, Montana 59601 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Mark Tkach, 1188 E. Camelback Road, Phoenix, Arizona 85014, managing member Diamondback Aviation, Inc., 1188 E. Camelback Road, Phoenix, Arizona 85014, managing member 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: All purposes legal under Florida law. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

> Stuart J. Haft, authorized representative of Mark Tkach (a managing member) Typed or printed name of signee

an affirmation under the penalties of perjury that the facts stated herein are true.)

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 Liability Company is:
	Atlantic Vessels, LLC
2.	The name and the Florida street address of the registered agent and office are:
	Stuart J. Haft, Esq.
	(Name)
	340 Royal Poinciana Way, Suite 321
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Palm Beach FL 33480
	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, Florida Statutes.

\$100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

1, Brad Johnson, Secretary of State of the State of Montana, do hereby certify that

ATLANTIC VESSELS, LLC

duly filed its Articles of Organization in this office on 6 September 2006, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 15 September 2006.

BRAD JOHNSONSecretary of State

Brad Johnson

Certified File Number: C160538