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SECRETARY OF STATE OTYSION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Uno Nan	Tet Parts, LLC ne of Limited Liability Company
		ility Company for Authorization to Transact Business in Florida." Cet pove referenced foreign limited liability company to transact business
Please	return all correspondence concerning this ma	tter to the following:
	Robert	Swigons K. Name of Person
	Uno J	Firm/Company
	3/23 A	Address WA
	Wellington	FL 334/14 City/State and Zip Code
	Bob Sur	onst. @ Comenst. wet
For fur	ther information concerning this matter, pleas	e call:
	Robert Surgors	Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amoun \$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	& \$\Bigs\\$155.00 \text{ Filing Fee & \$\Bigs\\$160.00 \text{ Filing Fee, Certificate}

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST.	
1. (Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
46	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alterna	And the control of the state of
Company," "L.L.C," "LLC.")	(FEI number, if applicable)
2. State of Way Ada 3.	26-478352/ EST
company is organized)	(1 21 minioci, il applicable)
4. <u>4-28-09</u> 5. (Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date of Organization)	(Duration: Year limited liability company will cease o exist or "perpetual")
6	
(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	determine nanalty liability)
7. 3123 Hamblin Way, We	Markon Fl 33414 - 5
	W. 3101/10 2011
(Street Address of I	rincipal Office)
	<u> </u>
8. If limited liability company is a manager-managed co.	mpany, check here
9. The name and usual business addresses of the managi	
Robert Swiggesti.	
Robert Swigerski. 3123 Hamblin way, Wellin	1 -1 22/11/
3/23 HAMblin way, Wellin	stor, FC 334/4
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 submitte	^
11. Nature of business or purposes to be conducted or pr	omoted in Florida: Buy & Sell
Jet Parts	·
Signature of a member or an autho	rized representative of a member.
(In accordance with section 608.408(3), F.S., the execution penalties of perjury that the facts stated hereicare true, I	
	hird degree felony as provided for in s.817.155, F.S.)
	1:30nst, · 7/5/12
Typed or printed nat	me of signee

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:
Uno Jet Parts, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Robert Swigorski
3/23 Ham blin WM/ Florida Street Address (P.O. Box NOT ACCEPTABLE)
Wallington FL 33414 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. (Signature)
(Signay)
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)
\$ 50.00 Certificate of Status (optional)

STATE OF NEVADA

ROSS MILLER Secretary of State



SCOTT W. ANDERSON Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Certified Copy

July 3, 2012

Job Number:

C20120702-1383

Reference Number: 20120464447-84

Expedite:

Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)

Description

Number of Pages

20120464445-62

Articles of Organization

1 Pages/1 Copies



Respectfully,

ROSS MILLER Secretary of State

Certified By: GJ Jaillet Certificate Number: C20120702-1383

You may verify this certificate online at http://www.nvsos.gov/

Commercial Recording Division

202 N. Carson Street Carson City, Nevada 89701-4069 Telephone (775) 684-5708 Fax (775) 684-7138





ROSS MILLER Secretary of State 204 North Carson Street, Suite 4 Carson City, Nevada 89701-4520 (775) 684-5708 Website: www.nvsos.gov

Filed in the office of Document Number

Ross Miller Secretary of State State of Nevada

20120464445-62

Filing Date and Time

07/02/2012 11:17 AM

Entity Number

E0353412012-3

Articles of Organization Limited-Liability Company (PURSUANT TO NRS CHAPTER 86)

USE BLACK INK UNLY - DO	NOT HIGHLIGHT		ABOVE SPACE IS FO	DR OFFICE USE ONLT
1. Name of Limited- Liability Company: (must contain approved limited-liability company wording; see instructions)	UNO JET PARTS, LLC			Check box if a lestricted Limited- Liability Company
2. Registered Agent for Service of Process: (check	Commercial Registered Agent: AMCORP I Name Noncommercial Registered Agent		e or Position with Ent	itv
only ane box)	(name and address below)		me and address below)	
,	Name of Noncommercial Registered Agent OR Nam	e of Title of Office or Oth	er Position with Entity	
			Nevad	a
	Street Address	City		Zip Code
			Nevad	a
	Mailing Address (if different from street address)	City	INGVAU	Zip Code
3. Dissolution Date: (optional)	Latest date upon which the company is to dissol		perpetual):	
4. Management: (required)	Company shall be managed by: Mana	ger(s) OR (check only one bo	Member(s)	
5. Name and	1) ROBERT SWIGONSKI			
Address of each	Name			
Manager or	3123 HAMBLIN WAY	WELLINGTON	FL	33414
Managing Member:	Street Address	City	State	Zip Code
(attach additional page if more than 3)	2)		11100 4 ()	
	Name			
	Street Address	City	State	Zip Code
, , , , , , , , , , , , , , , , , , ,	3)			
	Name			
			li	
	Street Address	City	State	Zip Code
6. Effective Date and Time: (optional)	Effective Date:	Effective Time	e: [
7. Name, Address	Droopi Dye Conge	YOurs	1. 1	_
and Signature of	DIOSELINA CORZA		elina to	ra
Organizer: (attach	Name	Organizer Signatu	·	T00101 (716
additional page if more than 1 organizer)	723 S. CASINO CENTER BLVD.	LAS VEGAS	NV	89101-6716
		City	State State	Zip Code
8. Certificate of Acceptance of	I hereby accept appointment as Registered	Agention the above	натви спиту.	
Appointment of	X Diak dia Cara		06/28/	2012
Registered Agent:	I - I (U) WELLOW I _ OF ILL	<u></u>	nt Entity Date	2012

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that UNO JET PARTS, LLC did on July 2, 2012, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: GJ Jaillet Certificate Number: C20120702-1383 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 3, 2012.

ROSS MILLER Secretary of State

STATE BUSINESS LICENSE APPLICATION (g members and regi of:	OTENED AGE	FILE NUMBER
NAME OF LIMITED-LIABILITY COMPANY		<u></u>	
FOR THE FILING PERIOD OF TO TO TO TO TO THE FILING PERIOD OF TO TO TO THE THIS FORM ONLINE AT WWW.IT THE STATE OF NOVEMBER UPON W			*100403*
AMCORP LLC 723 South CASING Center B LAS VegAS, NV 89101-6	11.6	Ross Miller Secretary of S	20120464447-84 Filing Date and Time 07/02/2012 11:17 /
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOU	ND AT: www.nvsos.gov		WE SPACE IN FOR OFFICE USE CHLY
the form. PORM WILL BE RETURNISD IF LINSIGNIED. 2. If there are additional managers or managing members, attach a list of it. Return completed form with the fiting the of \$125.00. A \$75.00 penalty. 4. State trustones license fee is \$200.00. Effective 2/1/2/010, \$100 must b. 5. Make your check payable to the Secretary of State. 6. Ordering Contest: if requested above, one the stamped copy will be re. A obey fee of \$2.00 per page to required for each additional copy gas accumpany your order. 7. Return the completed form to: Secretary of State, 202 North Carson St. 8. Form must be in the possession of the Secretary of State on or before t seeight date.) Forms received star due date will be returned for existing fitting. 16. THE PENALTY: ST. CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION C.	must be added for fallure to file this for a added for fellure to the form by deadling moment at no additional charge. To reconcrated when ordering 2 or more file at treet, Carson City, Newada 89701–6201 the test day of the first month following mail fees and peneties. Fallure to both 75.02 BUSINESS LICENS	ne. ship a certified copy, or simped or certified copi , (775) 684-6703. the british registration de do initial list and busine ist. FEE: 8200.00	cioso en additional \$30.00 per cedification. Appropriate instructions must de. (Postmark data is not accepted as
Pursuant to NRS Chapter 76, this entity is exempt from the NOTE: If claiming an examption, a notarized Declaration of attach the Declaration of Eligibility form will result in rejec	of Eligibility form must be attach	code:	001 - Governmental Entity 005 - Motion Picture Company 106 - NRS 6808.020 Insurance Co.
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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

UNO JET PARTS, LLC
Nevada Business Identification # NV20121415097

Expiration Date: July 31, 2013

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 3, 2012

ROSS MILLER Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.



723 South Casino Center Boulevard Las Vegas, Nevada 89101-6716

TEL: 1-702-384-0639 TOLL FREE: 1-888-310-3330

FAX: 1-702-384-2529

EMAIL: amcorp@amcorpllc.com

www.amcorplic.com

To the Members of

UNO JET PARTS, LLC

Gentlemen and Ladies:

The undersigned hereby resigns as Organizer of the above named LLC, said resignation to take effect immediately.

DATED this 3 day of July , 2012.

AMCORP LLC

Manager