

LETTER OF TRANSMITTAL

*P9900017912*

DATE FEB. 17, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

300002782893--5  
-02/22/99--01086--013  
\*\*\*\*122.50 \*\*\*\*\*78.75

Re: BMG AVIATION, Inc., Inc.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with a check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

99 FEB 22 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

*[Signature]*  
(Individual's Name)

BMG AVIATION, INC.  
(Name of Corporation)

*[Signature]* 2/24

MAILING ADDRESS OF CORPORATION		
224 AIRPORT AVE.		
VENICE, FL. 34285		
PHONE		
(941) 497-0477		
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of

BMG AVIATION, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

BMG AVIATION, INC.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			224 AIRPORT AVE.		
CITY			FLORIDA		ZIP
Venice					34285

Mailing address, if different

STREET ADDRESS					
CITY			FLORIDA		ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME			ROBERT M. GAFF		
ADDRESS			224 AIRPORT AVE.		
CITY			FLORIDA		ZIP
Venice FL.					34285

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

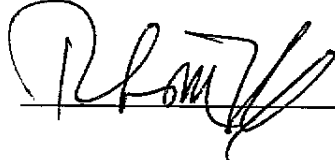
NAME	ROBERT M. GAFF		
ADDRESS	443 Circlewood DR.		
CITY	STATE	ZIP	
VENICE	FL	34293	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

**ARTICLE VIII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ROBERT M. GAFF		
ADDRESS	443 Circlewood DR.		
CITY	STATE	ZIP	
VENICE	FL	34293	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this SEVENTEENTH day of FEBRUARY, 1999.

 \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

RMG AVIATION, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

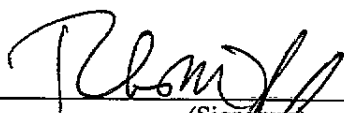
at 224 AIRPORT AVE.  
VENICE, FL. 34285

has named ROBERT M. GAFF

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

  
(Signature)

FEB. 17, 1999  
(Date)