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K.SALY EXAMINER JUL 15 2015 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 705659 7532900

AUTHORIZATION : Smell Blomp

COST LIMIT : (\$1,25.00

ORDER DATE : July 13, 2015

ORDER TIME: 12:49 PM

ORDER NO. : 705659-010

CUSTOMER NO: 7532900

FOREIGN FILINGS

NAME: SN 1360, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SN 1360, LLC	SUVESS IN THE STATE OF PLONUSA.		
(Name of Fore	ign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,	ternate name adopted for the purpose of transaction or "LLC.")	ing business in Florida. The alternate nam	ne must include "Limited
2. Delaware (Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
company is organized)		(1 Di numou, ii appituatio)	
4	(D. 7		_
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, it prior to registration.) o determine penalty liability)	
5. 2223 Wilton Park Driv	е		
Wilton Manors, FL 333	305		TILL SELECTION OF THE PARTY OF
	(Street Address of Principal Off	iœ)	- 19 5 -11
6. 2223 Wilton Park Drive	•		是 三
Wite- M	·ne		記二「
Wilton Manors, FL 333	(Mailing Address)		_ M
	, ,	_	四月 至
7. Name and street addres	s of Florida registered agent: (P.O. Box NO		FI GRID
Name:	Aviation Professionals Group, Inc. c/o Ric	k Asper	
Office Address:	3000 NE 30th Place, Suite 107		***
	Ft. Lauderdale	, Florida 33306	
	(City)	(Zip code)	-
this application, I hereby	gistered agent and to accept service of proc accept the appointment as registered agent statutes relative to the proper and complete tion as registered agent.	and agree to act in this capacity. If	urther agree to comply
	(Registered agent's	signature)	•
8. The name, title or capa James Torrey, Manager	city and address of the person(s) who has/he	ive authority to manage is/are:	
2223 Wilson	Park Dr.		
	FL 33305		
urisdiction under the law of the translator must be su	Signature of an author	in a foreign language, a translation of ized person	the certificate under oath
the facts stated herein are to degree felony as provided	1 605.0203, F.S., the execution of this documus. I am aware that any false information sufor in s.817.155, F.S.)	bein constitutes an amirmation under the bepartruck in a document to the Departruck	the penames of perjury that nent of State constitutes a third
	James Torrey		<i>_</i> /^

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SN 1360, 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 THIRTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SN 1360, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5783004 8300

151043582

DATE: 07-13-15

AUTHENTY CATION: 2551389

You may verify this certificate online at corp.delaware.gov/authver.shtml