

# M19000005407

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

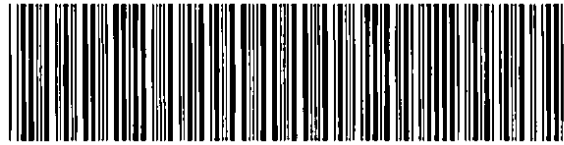
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 200329666972

**FILED**  
2019 JUN -3 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUN -3 PM 4:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Y SCOTT  
JUN 04 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 789406 8257319  
AUTHORIZATION : *Lydia Cohen*  
COST LIMIT : \$ 125.00

ORDER DATE : June 3, 2019  
ORDER TIME : 2:55 PM  
ORDER NO. : 789406-010  
CUSTOMER NO: 8257319

FILED  
2019 JUN -3 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: ALPHABET CITY AIR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alphabet City Air, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Peggy Cassin

Name of Person

Global Jet Capital

Firm/Company

83 Wooster Heights Road, Suite 503

Address

Danbury, CT 06810

City/State and Zip Code

pcassin@globaljetcapital.com

E-mail address: (to be used for future annual report notification)

2019 JUN -3 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Peggy Cassin

203

448-4459

at ( )

Name of Contact Person

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Alphabet City Air, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1853521
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 83 Wooster Heights Road, Suite 503
(Street Address of Principal Office)

6. 83 Wooster Heights Road, Suite 503
(Mailing Address)

Danbury, CT 06810

Danbury, CT 06810

FILED
2019 JUN -3 PM 4:28
TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Lydia Cohen
Corporation Service Company
Asst. Vice President
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

Manager Name: Shawn Vick  
 Member Address: 83 Wooster Heights Rd, #503  
 Authorized Danbury, CT 06810  
 Person \_\_\_\_\_  
 Other President  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: James Noonan  
 Member Address: 83 Wooster Heights Rd, #503  
 Authorized Danbury, CT 06810  
 Person \_\_\_\_\_  
 Other Vice President  Other \_\_\_\_\_

Manager Name: Vivek Kaushal  
 Member Address: 83 Wooster Heights Rd, #503  
 Authorized Danbury, CT 06810  
 Person \_\_\_\_\_  
 Other Vice President  Other \_\_\_\_\_

Manager Name: David Labrozzi  
 Member Address: 83 Wooster Heights Rd, #503  
 Authorized Danbury, CT 06810  
 Person \_\_\_\_\_  
 Other Vice President  Other \_\_\_\_\_

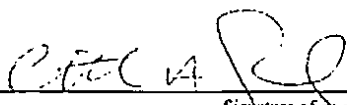
Manager Name: Christopher Paul  
 Member Address: 83 Wooster Heights Rd, #503  
 Authorized Danbury, CT 06810  
 Person \_\_\_\_\_  
 Other Vice President  Other Secretary

Manager Name: Susan Marr  
 Member Address: 83 Wooster Heights Rd, #503  
 Authorized Danbury, CT 06810  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Christopher Paul

Typed or printed name of signer

FILED  
 2019 JUN -3 PM 2:28  
 TALLAHASSEE FLORIDA

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPHABET CITY AIR, 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 THIRD DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPHABET CITY AIR, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2019.

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

FILED  
2019 JUN -3 PM 4: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

7430314 8300

SR# 20195195454

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202947618

Date: 06-03-19