

m210000008625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

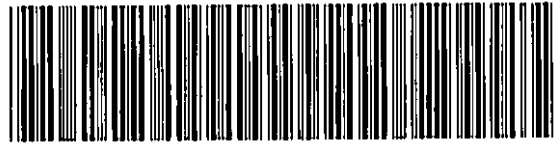
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 JUL -7 PM12:09
SECRETARY OF STATE
TALLAHASSEE, FL



2021 JUL -7 PM11:42

Handwritten signature or initials

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

ACCOUNT NO. : I20000000195

REFERENCE : 892195 7810857

AUTHORIZATION :



COST LIMIT : \$ 160.00

ORDER DATE : July 2, 2021

ORDER TIME : 9:22 AM

ORDER NO. : 892195-015

CUSTOMER NO: 7810857

FOREIGN FILINGS

NAME: GALACTIC CO., LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Galactic Co., 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:

EJ Jones

Name of Person

Galactic Co., LLC

Firm/Company

1735 Flight Way, Suite 203 (Legal Department)

Address

Tustin, CA 92606

City/State and Zip Code

ej.jones@virgingalactic.com

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

For further information concerning this matter, please call:

EJ Jones

213

219-7594

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Galactic Co., 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 3. 20-5177242
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/28/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 166 North Roadrunner Parkway 6. 1735 Flight Way
(Street Address of Principal Office) (Mailing Address)
Suite 1C Suite 203 (ATTN : EJ/Legal Department)
Las Cruces, New Mexico 88011 Tustin, CA 92606

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(City) Florida (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.

Corporation Service Company
By: Eylina Bahor
Assistant Vice President
(Registered agent's signature)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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: Swami Iyer

☐ Member Address: 166 Roadrunner Parkway

☐ Authorized Suite 1C

Person Las Cruces, NM 88011

☒ Other President ☐ Other

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

☐ Manager Name: Douglas Ahrens

☐ Member Address: 166 Roadrunner Parkway

☐ Authorized Suite 1C

Person Las Cruces, NM 88011

☒ Other Treasurer ☐ Other

☐ Manager Name: Michelle Kley

☐ Member Address: 166 Roadrunner Parkway

☐ Authorized Suite 1C

Person Las Cruces, NM 88011

☒ Other Secretary ☐ Other

☐ Manager Name: Jeri Looney

☐ Member Address: 166 Roadrunner Parkway

☐ Authorized Suite 1C

Person Las Cruces, NM 88011

☒ Other Asst. Secretary ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

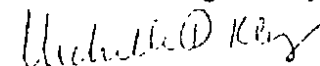
Person

☐ Other ☐ 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

Michelle Kley

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GALACTIC CO., 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 SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALACTIC CO., LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2006.

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



4105139 8300

SR# 20212630933

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203604421

Date: 07-06-21