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DATE: 6/17/2024

NAME: ACQUIRE JETS LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

PD Hop

COVER LETTER

		ACQUIRE JETS LLC				
UBJI	ECT:Nan	Name of Limited Liability Company				
he en xister	closed "Application by Foreign Limited Liability ace, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
lease	return all correspondence concerning this matter	to the following:				
	Y	'OLANDA ROBINSON				
		Name of Person				
		ATC				
Firm/Company						
700 WASHINGTON ST, STE 202						
Address COLUMBUS, IN 47201						
	E-mail address: (to b	e used for future annual report notification)				
or fur	ther information concerning this matter, please ea	ıll:				
	YOLANDA ROBINSON	at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
	Mailing Address:	Street Address:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	агыз, Тіхе	alternate name must include "Limited Liability (Company," "L.L.C," or "LLC.")	
DELAWARE		2	93-2567158		
(Iurisdiction under the law of w	risdiction under the law of which foreign limited hability company is organized)		3. (FEI number, if applicable)		
N/A					
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)					
872 APPLEBY ST		6.	872 APPLEBY ST		
reet Address of Principal Office)			(Mailing Address)		
BOCA RATON, FL 33	3487		BOCA RATON, FL 33487		
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box CHARLES S GUGEL	<u>NOT</u>	acceptable)		
Office Address:	872 APPLEBY ST				
	BOCA RATON		33487 . Florida		
	(City)		, Florida(Zip code)		
	egistered agent and to accept service of pation, I hereby accept the appointment a	s regist		s capacity. I further a	

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: Title or Capacity: Name and Address: Name: CHARLES S GUGEL ■ Manager □Manager Name: 872 APPLEBY ST Address: □Member ☐Member Address: _____ BOCA RATON, FL 33487 □ Authorized □ Authorized Person Person □Other____ □ Other Other _____ Other CHRISTOPHER WARTON Name: Manager □Manager 704 SABEL RIDGE LN □Member Address: □Member Address: _____ GRAPEVINE, TX 76051 □ Authorized □ Authorized Person Person □Other____ □Other □ Other Other ____ □ Manager □Manager Name: ____ Address: □Member Address: □Member Authorized ☐ Authorized Person Person □Other____ □Other____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. 328B088B87104B8... Signature of an authorized person

CHARLES S GUGEL

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACQUIRE JETS 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 FOURTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACQUIRE JETS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2023.

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

7586644 8300
SR# 20242882585
You may verify this certificate online at corp.delaware gov/authver.shtml

Authentication: 203716092

Date: 06-14-24