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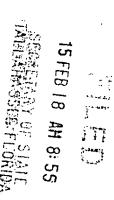
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Aviation Education Consultants 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:

Harry Whitehead, Manager		
Name of Person		
Aviation Education Consultants LLC		
Firm/Company		
7689 W. Mason Rd.		
Address		
Ovid, MI 48866		
City/State and Zip Code		
avia.educ.cons@gmail.com		
E-mail address: (to be used for future annual report notification)		
mation concerning this matter please call:		

For further information concerning this matter, please call

Harry Whitehead

.,517

643-3691

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:

☐ \$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:

	C. T. J. J. T. J. T. J. T. J. T. J.		-l., de ⁴⁴ 1	
If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate nam	be must un	noge L	nnited
_{2.} Michigan	_{3.} 45-3783593			
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)			_
(Date first transacted busines	ss in Florida, if prior to registration.)	_		_
(Seè sections 605.0904 & 605.0 7689 W. Mason Rd.	1905, F.S. to determine penalty liability)			
Ovid, MI 48866				
(Street Add	dress of Principal Office)			_
same as Principal Office				
(A)	Mailing Address)	4.00 4.00	15	_
7. The name, title or capacity and address of the p	person(s) who has/have authority to ma	nage is/	are	
Harry Whitehead, Manager	Jerry Spangler, Mana	ager	8 1 8	
	6086 Divine Hwy.	Ma m	III.	1
7689 W. Mason Rd.	0000 Dilinio i ing.		ထဲ	436.67
	Portland, MI 48875	JOKI	25	المديور أ
7689 W. Mason Rd. Ovid, MI 48866		OKIDA		·
	Portland, MI 48875 no more than 90 days old, duly authenti r the law of which it is organized. (A ph	cated by	y the o	t

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Com Aviation Education Cons	•	
If unavailable, the alternate to be used in the	ne state of Florida is:	
2. The name and the Florida street address	s of the registered agent and office are	
InCorp Service	s, Inc.	
	(Name)	
17888 67th Co	urt North	2 00 -
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	——海婆· 5 海里·吊
Loxahatchee	FL 33470 City/State/Zip	B 18 AH 8
Having been named as registered agent and liability company at the place designated in registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position as reg Statutes.	this certificate, I hereby accept the appacity. I further agree to comply with a performance of my duties, and I am f	bove stated limited oppointment as the provisions of all familiar with and
MU U (Sig	M Natalie Bales on	behalf of Incorp Services, Inc.

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

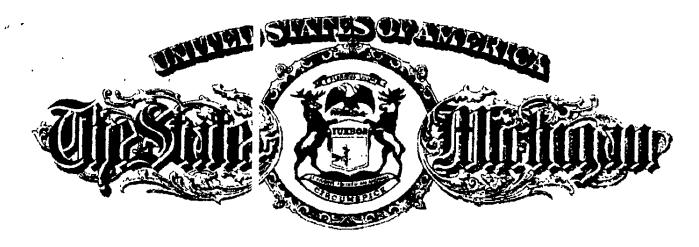
Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00





This is to Certify That

AVIAT ON EDUCATION CONSULTANTS LLC

was vaiidly organized on November 4, 2, 11 as a Limited Liability Company, Said Limited Liability Company is validly in existence inder the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigal as of this date.

This certificate is in due form, made b/e e as the proper officer, and is entitled to have full faith and disjoint in every count and office within the United States.



Sent by Facsimile Transmission 1290031

In testimony whereof, I have nerountd set my hand, in the City of Lansing, this 20th hay of January, 2015

Aran J. Schelke, Director

Corporations Securifies & Commercial Licensing Bureau