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SECRETARY OF STATE

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### **COVER LETTER**

TO:		ation Section n of Corporation	ns				
SUBJI		SOF III LLC					
			Name of	Limited Liability (	Company		
The en Exister	iclosed "A nce, and cl	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liabilit	ansact Business in Florida," (y company to transact busine	Certificate of ess in Florida.
Please	return all	correspondence of	concerning this matter to the	following:			
		Nathalie Feria					
			N	ame of Person			
		Apollo Aviatio	n Fund Management LLC				
	Firm/Company						
848 Brickell Ave, Suite 500							
Address							
	Miami, Florida 33131						
	City/State and Zip Code						
		aliciaj@apollo.a	ero				
	•		E-mail address: (to be use	d for future annual	report no	tification)	
For fur	ther infor	nation concernin	g this matter, please call:				
	Nathali	e Feria		786 at (	476-23	75	
	<del> </del>	Name o	f Contact Person	Area Code	Day	time 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		of Corporations ion Section Building ecutive Center Circle		
Enclos		eck for the follow .00 Filing Fee	ing amount:  ■ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2015

## RESUBMIT

Please give original submission date as file date.

NATHALIE FERIA APOLLO AVIATION FUND MANAGEMENT LLC 848 BRICKELL AVE - STE 500 MIAMI, FL 33131

SUBJECT: SASOF III LLC Ref. Number: W15000044952 Return to: CSC 1201 Hays Street Tallahassee, FL 32301

We have received your document for SASOF III LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 115A00013875

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUIES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (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.I.C," or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 848 Brickell Avenue, Suite 500 Miami, Florida 33131 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION SERVICE COMPANY Name: 1201 HAYS STREET Office Address: TALLAHASSEE, FL Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. (Registered agent's signature) Tina Qualts Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MGR Apollo Aviation Fund Management LLC 848 Brickell Ave, Suite 500, Miami, Florida 33131 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) Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third

Typed or printed name of signee

**YOUND** 

degree felony as provided for in s.817.155, F.S.)

## Delaware

PAGE

## The First State

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

DELAWARE, DO HEREBY CERTIFY "SASOF III 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 SEVENTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SASOF III LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2015.

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

5702259 8300

151064598

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2567395

DATE: 07-17-15

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