

M19000004996

(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:

W19-41978
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2019 MAY 20 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2019
M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2019

POMERANZ & ASSOCIATES, PA
1920 E. HALLANDALE BEACH BLVD., STE 802
HALLANDALE, FL 33009

SUBJECT: DOVER AIR FORCE, LLC OF DELAWARE
Ref. Number: W19000041978

We have received your document for DOVER AIR FORCE, LLC OF DELAWARE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 319A00008568

RECEIVED
MAY 20 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dover Air Force, 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:

Name of Person

Pomcraniz & Associates, PA

Firm/Company

1920 E Hallandale Beach Blvd. Suite 802

Address

Hallandale, Florida, 33009

City/State and Zip Code

landsryan@mindspring.com

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

For further information concerning this matter, please call:

Max Pomeranz

786

295-6667

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. Dover Air Force, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Dover Air Force LLC, of Delaware

(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. 83-4344155
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1920 E Hallandale Beach Blvd. 6. 1920 E Hallandale Beach Blvd.
(Street Address of Principal Office) (Mailing Address)

Suite 802 Suite 802

Hallandale, Florida, 33009 Hallandale, Florida, 33009

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

Name: Pomranz & Associates, PA

Office Address: 1920 E Hallandale Beach Blvd. Suite 802

Hallandale, Florida 33009
(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.

[Signature]
(Registered agent's signature)

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AT WASHINGTON

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: Lisa Pomeranz
☐ Member Address: 1920 E Hallandale Beach Blvd
☐ Authorized Suite 802
Person Hallandale, Florida, 33009
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

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

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

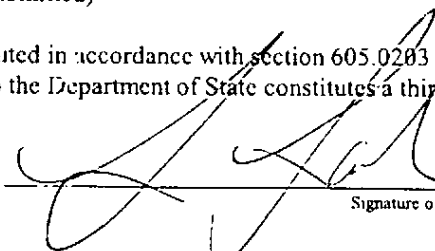
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ 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
Lisa Pomeranz

Typed or printed name of signer

Delaware

The First State

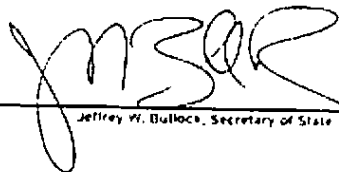
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOVER AIR FORCE, 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 MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOVER AIR FORCE, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2019.

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




Jeffrey W. Bullock, Secretary of State

7358022 8300

SR# 20193886817

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

Authentication: 202825283

Date: 05-14-19