

BO9 0000000013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS
AUG 22 2008
EXAMINER

BO9-13

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Magellan Aviation Group LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. July 31, 2008

(Date of Formation)

4. Peter Zutty

(Name of Registered Agent for Service of Process)

5. 11 S. Swinton Avenue

(Florida street address for Registered Agent)

Delray Beach, Florida 33444

6. 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.

By: 

Signature of Registered Agent

7. 11 S. Swinton Avenue, Delray Beach, Florida 33444

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☒

9. 11 S. Swinton Avenue, Delray Beach, Florida 33444

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Magellan Group LLC

(Name)

11 S. Swinton Avenue

(Street Address)

Delray Beach, Florida 33444

11 S. Swinton Avenue

(Mailing Address)

Delray Beach, Florida 33444

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____
_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____

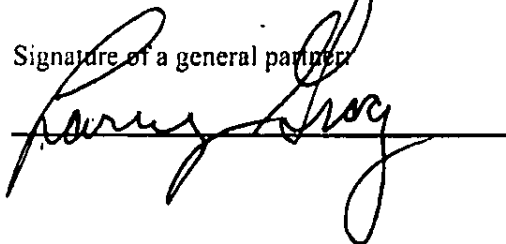
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 13th day of August, 20 08

Signature of a general partner



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 TALLAHASSEE, FLORIDA

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75