

L16000231181

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(Address)

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(City/State/Zip/Phone #)

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17 JAN 30 PM 12:04  
TALLAHASSEE, FLORIDA

JAN 31 2017

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Everest Aero Solutions, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dinesh Raj Khatiwada

\_\_\_\_\_  
Name of Person

Everest Aero Solutions, LLC

\_\_\_\_\_  
Firm/Company

2960 Curtis King Blvd

\_\_\_\_\_  
Address

Fort Pierce, Florida 34946

\_\_\_\_\_  
City/State and Zip Code

dinesxh@gmail.com

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

For further information concerning this matter, please call:

Dinesh Raj Khatiwada

954 573-4809  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2017

DINESH RAJ KHATIWADA  
2960 CURTIS KING BLVD  
FORT PIERCE, FL 34946 US

SUBJECT: EVEREST AERO SOLUTIONS, LLC  
Ref. Number: L16000231181

RECEIVED  
2011 JAN 30 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for EVEREST AERO SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 417A00000284

## Page 1 of 3

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                 | <u>Type of Action</u>                   |
|--------------|--------------------|--------------------------------|---|
| MGR          | Pushpa Raj Paudel  | 3902 SW Coquina Cove Way,      | <input checked="" type="checkbox"/> Add |
|              |                    | Apt# 203, Palm City, FL. 34990 | <input type="checkbox"/> Remove         |
|              |                    |                                | <input type="checkbox"/> Change         |
| MGR          | Rewat Raman Khanal | 2331 NW 10Th Ave               | <input checked="" type="checkbox"/> Add |
|              |                    | Apt # 103, Miami, FL. 331271   | <input type="checkbox"/> Remove         |
|              |                    |                                | <input type="checkbox"/> Change         |
|              |                    |                                | <input type="checkbox"/> Add            |
|              |                    |                                | <input type="checkbox"/> Remove         |
|              |                    |                                | <input type="checkbox"/> Change         |
|              |                    |                                | <input type="checkbox"/> Add            |
|              |                    |                                | <input type="checkbox"/> Remove         |
|              |                    |                                | <input type="checkbox"/> Change         |
|              |                    |                                | <input type="checkbox"/> Add            |
|              |                    |                                | <input type="checkbox"/> Remove         |
|              |                    |                                | <input type="checkbox"/> Change         |
|              |                    |                                | <input type="checkbox"/> Add            |
|              |                    |                                | <input type="checkbox"/> Remove         |
|              |                    |                                | <input type="checkbox"/> Change         |

17 JUN 30 PM 12:34  
 MIAMI-DADE COUNTY  
 FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 JAN 30 PM 12:04  
MASSACHUSETTS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 25<sup>th</sup>, 2017, 3:23 PM

Dinesh Khatiwada

Signature of a member or authorized representative of a member

DINESH RAJ KHATIWADA

Typed or printed name of signee