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COVER LETTER

TO:	Amendment Section Division of Corporations VFT, LLC		\$	*			
SUBJ	SUBJECT:Name of Surviving Party						
		name of Su	rvivin	g rany			
The e	nclosed Certificate of Merger and fee(s	s) are submitted fo	r filinş	g.			
Please	return all correspondence concerning	this matter to:					
Shar	nnon Young						
VFT,	Contact Person						
5128	Firm/Company Forsyth Commerce Road					4. J3S	7071
Orla	Address ndo, Florida 32807		_				1- 1:0F
	City. State and Zip C	Code				% <u>~</u> %©	ALL
Shar	nnon@VFTUSA.com					11/10	Ţ
	E-mail address: (to be used for future	annual report not	ificati	on)		1125 m	Ö
	erther information concerning this matt	-	7	20 0202			
Snai	nnon Young	407 at (_)′`	30-9380			
	Name of Contact Person	Area Cod	le I	Daytime Telep	phone Number		
	Certified copy (optional) \$30.00						
	ET ADDRESS:			ADDRESS:			
			ndment Section				
Division of Corporations			vision of Corporations O. Box 6327				
8							
2661 Executive Center Circle Talla			shassee, FL 32314				

CR2E080 (2/20)

Tallahassee, FL 32301

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name Blue Skies Aircraft Services, LLC	<u>Jurisdiction</u> Florida	Form/Entity Type Limited Liability Company
SECOND: The exact name, form/entity ty	pe, and jurisdiction of the <u>su</u>	rviving party are as follows:
Name VFT, LLC	<u>Jurisdiction</u> Florida	Form/Entity Type Limited Liability Company

<u>THIRD</u>: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

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FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable) This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record \Box are attached. This entity is created by the merger and is a domestic filing entity, the public organic record is attached. This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached. This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is: FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S. SIXTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: 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. **SEVENTH:** Signature(s) for Each Party: Typed or Printed Name of Individual: Name of Entity/Organization: Blue Skies Aircraft Services, LLC Robert M. Carnes VFT. LLC Robert M. Carnes Chairman, Vice Chairman, President or Officer Corporations: (If no directors selected, signature of incorporator.) General partnerships: Signature of a general partner or authorized person Florida Limited Partnerships: Signatures of all general partners Non-Florida Limited Partnerships: Signature of a general partner Limited Liability Companies: Signature of an authorized person **Fees:** For each Limited Liability Company: \$25.00 For each Corporation: \$35.00 For each Limited Partnership: \$52.50 For each General Partnership: \$25.00

\$25.00

Certified Copy (optional):

\$30.00

For each Other Business Entity: