# L20000033376

(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
W200010297

Office Use Only

M. MOON JAN 3 1 2020



700340012587

FALLAH SO AN 2: 07

∠ Bunuples

LEB () ↑ SUSU

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACC	COUNT NO.	:	12000000	195	
		F	REFERENCE	:	156905	7934549	
		AUTHO	RIZATION	:	Smelle	Lenan	
		CC	ST LIMIT	:	\$ 250.00	- Rus	
OBDED	ከአጥሮ -	Tanuar.	20 2020				
ORDER	DAIE :	January	29, 2020				
ORDER	TIME :	10:41 AM	1				
ORDER	NO. :	156905-0	005				
CUSTON	MER NO:	79345	49				
		<b>-</b>					
		<u>DC</u>	MESTIC_CC	NVE	RSION FILI	NG	
	NAME:	QWEST	AIR PART	'S, :	INC.		
	EFFECTI	VE DATE:					
<u>XX</u>			ERSION & S OF INCO			RGANIZATION	
PLEASE	E RETURN	THE FOLI	OWING AS	PRO	OF OF FILI	NG:	
XX	PLAIN	FIED COPY STAMPED FICATE OF		NDII	٧G		

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson -- EXT#

#### **COVER LETTER**

TO: New Filing Section Division of Corpora		
SUBJECT: Qwest		
SOBJECT: QUOSE	(Name of Resulting Florida Lim	ited Company)
		ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspon	dence concerning this matter to:	
Chri	istina Rivera	
(Co	ntact Person)	_
Ae	erSale, Inc.	_
(Fire	m/Company)	_
121 Alh	ambra Plaza, 1700	_
	(Address)	_
Coral (	Gables, FL 33134	
(City, St	tate and Zip Code)	_
Legal@	@AerSale.com	_
E-mail Address: (to be used	for future annual report notifications)	
For further information cor	ncerning this matter, please call:	
Robyn Mandel	at ( <u>305</u>	) 764-3200
(Name of Contact Pers	on) (Area Code	(Daytime Telephone Number)
	following amount: (All checks lik located in the United States)	processed by this office must be payable in US
	55.00 Filing Fees S180.00 Filing and Certified Co	
Mailing Address: New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Qwest Air Parts, Inc.		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Corporation		
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc		
First organized, formed or incorporated under the laws of Florida		
(Enter state, or if a non-U.S. entity, the name of the country)		
on August 16, 1999		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
Qwest Air Parts, LLC		
(Enter Name of Florida Limited Liability Company)		
4. If not officially on the data of filling anton the officiality data. 2/1/2020		
<ol> <li>If not effective on the date of filing, enter the effective date: 2/1/2020.</li> <li>(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after</li> </ol>		
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.		
5. The plan of conversion has been approved in accordance with all applicable statutes.		
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.		
Fig. >		

Signed this 29 day of Anymy	20 7 2
signed this day of	20
Signature of Authorized Representative of Limi	ted Liability Company:
-O 1	$\Omega$
Signature of Authorized Representative:	Title: Secretary
Printed Name: Robyn Mandel	Title:Secretary
Signature(s) on behalf of Other Business Entity:	See below for required signature(
11/1/1	
Signature: Robert B. Nichols	Tial - Sugardha Vice Chairman
Printed Name: Robert B. Nichols	Title: Executive Vice Chairman
Signature:	
Printed Name:	Title:
C:	
Signature:Printed Name:	Title
Tranco ivanic.	Title.
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
TERRITOR CONTRACTOR AND A STATE OF THE CONTRACTOR AND A STATE OF T	A . D. Abim.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	
organical of the General Lamier.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Signature of an authorized person.	\$25.00
All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Signature of an authorized person.  Fees:  Articles of Conversion:	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Qwest Air Parts, LLC			
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4400 Delp Street	121 Alhambra Plaza, 1700		
Memphis, TN 38118	Coral Gables, FL 33134		
The name and the Florida street address of the re-			
Name			
1201 Hays Stree			
Florida street address (P.O.	Box NOT acceptable)		
Tallahassee,	FI. 32301-2525		
City	Zip		
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S  Kadesna Roberson Asst. Vice President  ature (REQUIRED)		

(CONTINUED)

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR	AerSale, Inc.		
	121 Alhambra Plaza, 1700 Coral Gables, FL 33134		
<u> </u>			
	-		
(Use attachment if necessary)			
LE V: Other provisions, if any.			

Signature of a member or an authorized representative of a member. 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.

Robyn Mandel, Secretary

Typed or printed name of signee

#### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)