

MO500000 4487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

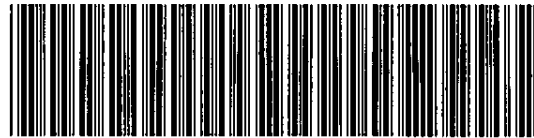
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/31/14--01051--001 **30.00

FILED
2014 MAR 31 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 2 2013

T. HAMPTON



March 27, 2014

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

RE: AMENDMENT TO CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please amend the Application for Authority for AirSure Limited, LLC in the state of Florida. Enclosed are the following:

1. Application for Amendment to Certificate of Authority
2. Certificate of Good Standing
3. Check in the amount of \$30

Please return the approved information to:

AirSure Limited, LLC
100 Executive Dr. Suite 200
West Orange, NJ 07052
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence
Senior Analyst, Assistant Vice President
Ph 973.669.2301
Fax 973.731.8439
slawrence@jamisongroup.com

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AirSure Limited, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexis Henley

Name of Person

AirSure Limited, LLC

Firm/Company

200 Colonial Center Parkway Ste 150

Address

Lake Mary, FL 32746

City/State and Zip Code

lkammerer@airsure.com

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

For further information concerning this matter, please call:

Steve Lawrence

at (973) 669-2301

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: AirSure Limited, LLC 1605000064487
2. Jurisdiction of its organization: CO
3. Date authorized to do business in Florida: 8/11/2005

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Shenandoah II, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jonathan Kammmerer Secretary
Signature of the authorized representative

Lisa A. Kammmerer
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2014 MAR 31 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Shenandoah II, LLC

is a **Limited Liability Company** formed or registered on 06/10/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051227795.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/19/2014 that have been posted, and by documents delivered to this office electronically through 03/21/2014 @ 06:19:37.

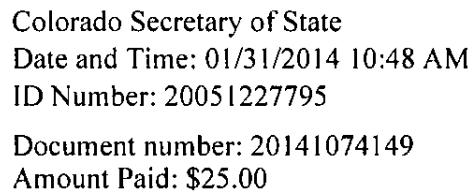
I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/21/2014 @ 06:19:37 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8799760.



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."



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filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

Rev. 12/01/2012

1125 Seventeenth Street

Suite 2200 (Street name and number or Post Office Box information)

Denver

CO

80202

(City)

(State)

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.