# M00000001128

(Re	equestor's Name)	<del></del>
(Ac	idress)	
(Ar	ldress)	·
·		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700068183747

013/21/06-01016 -025 \*\*130.00

PILED PH 2:27

J. BRYAN MAR 2.4 2006

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Airchief Aviation, LLC (Name of Limited Liability Company)			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:			
Brad Varnum			
(Name of Person)			
AirChief Aviation, LLC Firm/Company)			
(Firm/Company)			
Airchief Aviation, LLC Firm/Company)  260 Tom Carr Lane  (Address)			
Lithia, Fl 33547 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Brad Varnum at (813) 650-2246 (Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Airchief Aviation, LLC	E ST
2. The name and the Florida street address of the registered agent and office are:	ASSET B
Brad Varnum	E. 2.1
(Name)	D.
260 Tom Carr Lane Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Lithia FL 33547	
City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Bul Vann (Signature)

\$ 100.00 Filing Fec for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRCHIEF AVIATION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIRCHIEF AVIATION, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2006.

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4549798

DATE: 02-27-06

4114951 8300

.111731 0500

060184042