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, (Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		ME
		19-13
	Office Use Only	11105



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BOTHWAY NOTO

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Fly High Wisconsin LLC		
	ted Liability Čompany)	
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited	
Please return all correspondence concerning this m	atter to the following:	
Eric P. Peterson		
(Na	me of Person)	
Fly High Wisconsin		
(Fir	m/Company)	
W13644 Rausch Road	(Address)	
•	(Address)	
Lodi WI 53555	80	
(City/Sta	ate and Zip Code)	
For further information concerning this matter, plea	ase call:	
Eric Peterson	_at (_608) 712- 7796	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_\$\$125.00 \text{ Filing Fee} \sum_\$\$130.00 \text{ Filing Fee & Certificate of}\$	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Fly High Wisconsin LLC	e of Foreign Limited Li	ability Company)		
(Main	_	,		
2 WISCONSIN (Jurisdiction under the law of which for company is organized)		20-3146350 (FEI number, if applied	cable)	
03-14-2005	5.	Perpeptual		<u> </u>
(Date of Organization)		(Duration: Year limited liability corexist or "perpetual")	mpany will ceas	e to
upon completion of regist (Date first tra (See sections 6	nsacted business in Flor	ida, if prior to registration.) o determine penalty liability)		
7. W13644 Rausch Road				
Lodi WI 53555	(Street Address o	f Principal Office)		 .
	(Street Address O	i i i incipai Omeoy		
3. If limited liability company is a	manager-managed o	company, check here		os dec
). The name and usual business ad	dresses of the mana	ging members or managers are a	s follows:	
Eric Peterson W13644 Rau	sch Road Lodi V	Visconsin 53555	<u> </u>	
James Kotek 2607 Milton Ave. Kissimmee FL34741		12 F8 51 C22	80 11 6	
•			्रांत	80
10. Attached is an original certificate of exist the jurisdiction under the law of which it is or ranslation of the certificate under eath of the law of which it is or purposes.	rganized. (A photocopy translator must be subm to be conducted or	is not acceptable. If the certificate is in a itted.) promoted in Florida:		
helicopter tours and char	1). 1	rapriy,aeriai survey		
Signature of (In accordance w	rith section 608.408(3), F.S	norized representative of a mem 6., the execution of this document constitut y that the facts stated herein are true.)		
James Ko	tek		 .	
	Typed or printed	name of signee		

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 Fly High V	the Limited Liability Company is:			
2. The name ar	d the Florida street address of the registered agent and office are:			
	James Kotek (Name)	- <u>20</u>	06 DEC	
	2607 Milton Ave. Florida Street Address (P.O. Box NOT ACCEPTABLE)	- 1845 \\ - 1845 \\ - 1846		
	Kissimmee FL 34741 City/State/Zip		MH:08	

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.

(Signature)

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

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

FLY HIGH WISCONSIN LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 14, 2005.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 12, 2006.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33 _

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

33233-9EAF265A