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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Bi	usiness Entity Name	<b>,</b>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TAIL AHASSEE FLORID!

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: IMMACULATE FLIGHT, LLC (Name of Limit	ted Liability Company)
	oility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
BRETT LOGAN	
(Nan	ne of Person)
IMMACULATE FLIGHT, LLC	
(Firm	n/Company)
P.O. BOX 8336	ARETAL T
(4	Address)
GRAND RAPIDS, MI 49518	1 2: 0
(City/Stat	e and Zip Code)
For further information concerning this matter, please	se call:
BRETT LOGAN	at (_888) 858-5123
(Name of Person)	(Area Code & Daytime Telephone Number)
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:  \$\Bigsim \frac{1}{2} \frac{1}{2	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate tatus 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:

. IMMACULATE FL	IGHT, LLC (Name of Foreign Limited	i i	shility Company)	
	(Name of Poleigh Linned	LLi	ionity Company)	
MICHIGAN		3.	51-0537163	
(Jurisdiction under the company is organized	e law of which foreign limited liability )		(FEI number, if applicable)	
03/07/05		5.	PERPETUAL	
(Date o	of Organization)	-	(Duration: Year limited liability company will c exist or "perpetual")	ease to
12/04/2006				
	(Date first transacted business in F (See sections 608.501 & 608.502 F.	S. to	ida, if prior to registration.) o determine penalty liability)	
5852 APPLEVIE	EW SE		<u> </u>	
KENTWOOD, M		,	· · · · · · · · · · · · · · · · · · ·	
	(Street Addres	S OI	Principal Office)	
If limited liability	company is a manager-manage	d c	ompany, check here \_ \equiv \	0
The name and usu	ual business addresses of the ma	nag	ing members or managers are as follows:	7 JAN
BRETT LOGAN	P.O. BOX 8336, GRAND RAP	IDS	S, MI 49518 ASS	=
DENNIS CRUZ	P.O. BOX 91636, LOS ANGE	LE	S, CA 90009	PH
			ORIC	2:0
Attached is an origina	Confificate of existence no more than 9	) day	ys old, duly authenticated by the official having custoo	u of moo
e jurisdiction under the l	aw of which it is organized. (A photoco	py i	snot acceptable. If the certificate is in a foreign langu	
	e under oath of the translator must be sul	XI III	ECL)	
. Nature of busine	ss or purposes to be conducted of	or p	promoted in Florida: CLEAN AND DETAIL	<u> </u>
CORPORATE A	IRCRAFT			
	Fat.	2.	<n 07<="" 1="" 10="" td=""><td></td></n>	
		F.S.,	Orized representative of a member, the execution of this document constitutes	
	Brett (	6	gan	
	Typed or printe	d n	ame 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 the	Limited	Liability	v Comn	anv	is:
2.	1110	******	07 010	Limited	Diamin.	,,,,,,		1.3.

IMMACULATE	FLIGHT,	LLC
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2. The name and the Florida street address of the registered agent and office are:	SE TAL	٤
	7 JAN ECRET	ή
BRETT LOGAN		- HOLLEGE
(Name)		*
240 AVIATION DRIVENORTH, SUITE 200	[S 5]	7
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- RIDA	
NAPLES FL 34104	-	
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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Lansing, Michigan

This is to Certify That

#### IMMACULATE FLIGHT, LLC

was validly organized on March 7, 2005 as a Limited Liability Company. Said Limited

Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligation

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

Sent by Facsimile Transmission 905555

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of January, 2007

Bureau of Commercial Services

,Director