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SEP 29 2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 25 AM 10:20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Automatic - Stula, 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:

Wayne D. Lippman  
Name of Person  
Automatic - Stula, LLC  
Firm/Company  
2665 South Bayshore Drive Suite 1006  
Address  
Coconut Grove, Florida 33133  
City/State and Zip Code  
wlippman@automatic.cc  
E-mail address: (to be used for future annual report notification)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 SEP 25 AM 10:20

For further information concerning this matter, please call:

Wayne D. Lippman at (305) 858-7707  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. Automatic - Stula, LLC  
(Name of Foreign Limited Liability Company; must include "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 include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 27-0987605  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/11/09 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1900 Summit Tower Boulevard Suite 860  
Orlando, Florida 32810  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Wayne D. Lippman 2665 South Bayshore Drive Suite 1006  
Coconut Grove, FL 33133  
W. Jephtha Thornton 1900 Summit Tower Boulevard Suite 860  
Samuel J. Thornton Orlando, FL 32810

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Aircraft  
leasing

Wayne D. Lippman  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Wayne D. Lippman  
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 the Limited Liability Company is:

Automatic-Stula, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

Wayne D. Lippman  
(Name)

2665 South Bayshore Drive Suite 1006  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Coconut Grove FL 33133  
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.*

Wayne D. Lippman  
(Signature)

\$ 100.00	Filing Fee 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTOMATIC-STULA, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTOMATIC-STULA, LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2009.

4654584 8300

090866530

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
AUTHENTICATION: 7534816

DATE: 09-18-09

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "AUTOMATIC-STULA, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2009, AT 1:16 O'CLOCK P.M.



4654584 8100

090128272

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7130897

DATE: 02-11-09

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:25 PM 02/11/2009  
FILED 01:16 PM 02/11/2009  
SRV 090128272 - 4654584 FILE

## CERTIFICATE OF FORMATION

OF

### AUTOMATIC-STULA, LLC

The undersigned, desiring to form a limited liability company pursuant to the Delaware Limited Liability Company Act, do hereby certify as follows:

I. The name of the limited liability company is Automatic-Stula, LLC.

II. The address of the limited liability company's registered office in the State of Delaware is Corporation Service Company, 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808. The name of the limited liability company's registered agent for service of process in the State of Delaware is Corporation Service Company

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Automatic-Stula, LLC as of this 11<sup>th</sup> day of February 2009.

By: 

Name: John F. Todd

Title: Authorized Person