

**M11000001676**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ATMS  
Account Number : 120100000079  
Phone : (321) 373-4274  
Fax Number : (321) 373-4063

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: legal@telecomgroup.com

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DIVISION OF CORPORATIONS

11 APR -4 AM 9:39

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TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
Strategix Aviation, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$160.00

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850-617-8381

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April 4, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATMG

SUBJECT: STRATEGIX AVAITION, LLC  
REF: W11000018727

We have received your document for STRATEGIX AVAITION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neyssa Culligan  
Regulatory Specialist II

FAX Aud. #: H11000061292  
Letter Number: 911A0000B015

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11 APR -4 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Strategix 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:

Christine Casey

Name of Person

ATMS

Firm/Company

6905 N. Wickham Road, Suite 403

Address

Melbourne, FL 32940

City/State and Zip Code

legal@telecomgroup.com

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

For further information concerning this matter, please call:

Christine Casey

Name of Person

at 321

, 373-1547

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

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H110000612923

**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. Strategix Aviation, 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**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 27-1533117**

(FEI number, if applicable)

**4. December 22, 2009**

(Date of Organization)

**5. perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

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

**7. 6905 N. Wickham Rd., Ste 403**

**Melbourne, FL 32940**

(Street Address of Principal Office)

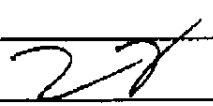
**8. If limited liability company is a manager-managed company, check here ☒**

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

**Thomas E. Biddix, 6905 N. Wickham Road, Suite 403, Melbourne, FL 32940**

**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: any and all lawful business.**

  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Thomas E. Biddix**

Typed or printed name of signee

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DIVISION OF CORPORATIONS  
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# **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:

Strategix Avlation, 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:

NRAI Services, Inc.

(Name)

515 East Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301

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.*

NRAI Services, Inc.

By:

  
(Signature)

Victor Alfano, Vice President

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRATEGIX 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 EIGHTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATEGIX AVIATION, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4768933 8300

110274446

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: 8608537

DATE: 03-08-11