# MII 000002191

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS

#### **COVER LETTER**

SUBJECTC	Shuttle Flye LLC Name of Limited Liability Company
The enclosed "A <sub>l</sub> Existence, and ch	application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," heck are submitted to register the above referenced foreign limited liability company to transact busin
Please return all	correspondence concerning this matter to the following:
	Patrick J Peters Name of Person
	Name of Person
	Shuttle Flye LLC
•	Firm/Company
	11549 Jadewood Circle
•	
	Youngstown, Florida 32466. City/State and Zip Code
	PPeters 552@ msn, com E-mail address: (to be used for future annual report notification)
For further inform	mation concerning this matter, please call:
<u> </u>	Pat Peters at 303 428 3688  Name of Person Area Code & Daytime Telephone Number
Divisior Registra P.O. Bo	ING ADDRESS:  In of Corporations  In of Corpor
	check for the following amount:  Filing Fee \$\Bigcip\\$130.00 Filing Fee & \Bigcip\\$160.00 Filing Fee, Certifica



February 17, 2011

PATRICK PETERS 11549 JADEWOOD CIRCLE YOUNGSTOWN, FL 32466

SUBJECT: SHUTTLE FLYE LLC Ref. Number: W11000009664

We have received your document for SHUTTLE FLYE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Letter Number: 311A00004136

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sharty Flye LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica 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:
Royaut 5 Regas  Name of Person
Name of Person
Shutety Fly E Firm/Company
Firm/Company
11549 JOON WOOD CINCLE
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Don Donos 202 1100-3688
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301  700 TJ Cull
Tananasac, 12 32301
Enclosed is a check for the following amount:  \$\int_{125.00}^{\$125.00}\$ \text{ Filing Fee & Certificate of Status}\$  \$\int_{155.00}^{\$155.00}\$ \text{ Filing Fee & Certified Copy}\$  \$\int_{160.00}^{\$160.00}\$ \text{ Filing Fee, Certified Copy}\$
And the second s

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 1 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWING LIGHTLY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. (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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Company," "L.L.C," "LLC.")		
2 DI AROMA 3 SO-0681755		
2. DLABOWA  (Jurisdiction under the law of which foreign limited liability company is organized)  3. SO-0681755  (FEI number, if applicable)		
4 FEBRYDRY 3 2011 5 FEBRYARY 3, 2012.		
4. Fessey Day 3 201\ (Date of Organization)  5. Fessey Day 3, 2012.  (Duration: Year limited liability-company will cease to exist or "perpetual")		
6. Onto Grat transacted business in Florida (Grain to resistantian)		
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. (Street Address of Principal Office)		
7		
1549 JOOPWOUD CIRCLE JOHNSTOWN PL 3244C (Street Address of Principal Office)		
8. If limited liability company is a manager-managed company, check here		
O. The name and varial hypiness addresses of the managing members or managers are as follows:		
9. The name and usual business addresses of the managing members or managers are as follows:		
"PATRICK J RETERS 4549 JADWOOD CIRCK KUNNSTOWN, FL3		
PATRICK J RETERS US49 JADON WOOD CIRCK YOUNGSTOWN, FL3746 Sharan S RETERS 11549 JADON WOOD CIRCLE YOUNG STOWN, FL3746		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable 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:		
Shutte Sorvice within Florida, ALARAMA GEORGIA		
Snytta Sorgie within Florion, ALABAMA, Georgia		
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.)		
PATRICK J PETERS		
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:
Shorte Flys LL
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:
RATICULI J REJERS (Name)
(Name)
11549 JAPY YOUR CIRCLE YOUNGSTOWN FL 324CG & &
Florida Street Address (P.O. Box NOT ACCEPTABLE)
(Name)  (Name)
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

\$ 30.00

\$ 5.00

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

**Certified Copy (optional)** 

Beth Chapman Secretary of State P. O. Box 5610 Montgomery, AL 36103-5610

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Shuttle Flye, LLC was formed in Houston County, Alabama on February 7, 2011. The Alabama Entity Identification number for this entity is 002-741. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20110426000003951

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

4/26/2011

Date

Beth Chapman

Beth Chapman

Secretary of State