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SECRETARY OF STATE BIVISION OF CORPORATION

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TO ACKNOWLEDGE

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** Kim Weidenbach DATE: 11/08/11 **REF. #:** 000380.156874 CORP. NAME: JAHN691BC, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () LIMITED PARTNERSHIP () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 542168 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

.

Examiner's Initials

() CERTIFICATE OF STATUS

PLEASE RETURN:

(XX) CERTIFIED COPY

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	e)
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA	Sign
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	itev %
1. JAHN691BC, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	13/
(remoti i oragi zamica zastany company, masi molako zamica zamicaly company, zacio, di zaci.)	ب
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC."	iten (
DELAWARE 43-3155433	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
November 1, 2011 5 Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
5. Will commence transacting business in Florida 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. 2601 South Bayshore Drive, Suite 630	
Miaml, FL 33133	
(Street Address of Principal Office)	
I. If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as follows:	
JAH Aircraft Menager, LLC	
2601 South Bayshore Drive, Suite 630	
Miami, FL 33133	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under ceth of the translator must be submitted.)	ș în
1. Nature of business or purposes to be conducted or promoted in Florida:	
Aircraft ownership	
1/4_	
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.)	
Konrad Tree	
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 nam	e of the Limited Liability Co	mpany is:			
JAHN69	91BC, LLC				
If unevailab	If unavailable, the alternate to be used in the state of Florida is:				
2. The nam	e and the Florida street addre	ess of the registered agent and office are	;		
	NRAI SERVICES, IN	c.			
•		(Name)			
	515 East Park Aver	nue			
	Florida Sweet	Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	_{FL} 32301			
		City/State/Zlp			
liability com agent and ag relating to th	pany at the place designated if gree to act in this capacity. If he proper and complete perform of my position as registered ag		ointment as registere is of all statutes th and accept the		
	\$ 25.0	a man b a a a a a a a a a a a a a a a a a a			

\$ 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 "JAHN691BC, 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 SEVENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAHN691BC, LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2011.

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

5060054 8300

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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9140292

DATE: 11-07-11

You may verify this certificate online at corp.delaware.gov/authver.shtml