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B. BOSTICK

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EXAMINER

1/

COVER LETTER

SUBJECT: KILUE ANN IIC	DLDINGS, LLC Name of Limited Liability Company	
·	readic of Difficed Diabetity Company	
The enclosed "Application by Foreign Li Existence, and check are submitted to reg	mited Liability Company for Authorization to Transact Business in I gister the above referenced foreign limited liability company to transa	Florida," Certificate of act business in Florida
Please return all correspondence concern	ing this matter to the following:	
E. THOMAS SEF	PTEMBRE	
·	Name of Person	
LAW OFFICES O	F FRANK WOLLAND, ESQ.	
; }	Firm/Company	
12865 WEST DI	XIE HIGHWAY, SECOND FLOOR	
*	Address	
NORTH MIAMI, F	FLORIDA 33161	
:	City/State and Zip Code	
TSEPTEMBRE		
E-mail	address: (to be used for future annual report notification)	
or further information concerning this m	natter, please call:	
TOM SEPTEMBRE	at (305) 899.8588 Area Code & Daytime Telephone Number	
Name of Perso	on Area Code & Daytime Telephone Number	~
MAILING ADDRESS:	STREET ADDRESS:	AG 1
Division of Corporations	Division of Corporations	15 N
Registration Section	Registration Section	7.5
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	S).
:	Tallahassee, FL 32301	, on
Enclosed is a check for the followi	ng amount:	F. P.
	0 Filing Fee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, (Certificate 💭 🦂

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIVE A FOREIGN

ITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	2011
KHLOE ANN HOLDINGS, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
· · · · · · · · · · · · · · · · · · ·	
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wrisent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability npany," "L.L.C," "LLC.")	tten
DELAWARE 3. 45-3040339	
Surisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)	
AUGUST 2, 2011 5. PERPETUAL	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
JANUARY 4, 2012	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
1100 LEE WAGNER BLVD. SUITE 312, FORT LAUDERDALE, FLORIDA 33315	
(Street Address of Principal Office)	
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:	
WAYNE HAZLEWOOD, 1100 LEE WAGNER BLVD. SUITE 312, FT. LAUDERDALE, FL 33315	
4	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)	sin
Nature of business of purposes to be conducted or promoted in Florida:	
AIRCRAFT LEASE CHARTER	
Signature of a member or an authorized representative of a member.	ه. ک
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	Ta U
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	## ###
WATTE HAZEEWOOD	5
1 yped or printed name of signee	<u>ت</u> پ

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.

If unavailable,	the alternate to be used in the state of Florida is:
2. The name a	nd the Florida street address of the registered agent and office are:
	E. THOMAS SEPTEMBRE
	(Name)
	12865 WEST DIXIE HIGHWAY, SECOND FLOOR Florida Street Address (P.O. Box NOT ACCEPTABLE)
	FI 33161
	L City/State/Zip
liability compa agent and agre relating to the	amed as registered agent and to accept service of process for the above stated limited my at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$\times \frac{100.00}{\times \frac{1}{3}}\$ Filing Fee for Application
\$\$ 25.00 Designation of Registered Agent
\$\$ 30.00 Certified Copy (optional)
\$\$\times \frac{1}{3}\$\$ 5.00 Certificate of Status (optional)

(Signature)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KHLOE ANN HOLDINGS 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 FIFTH DAY OF JANUARY, A.D. 2012.

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Jaffrey W. Bullock, Secretary of State
AUTHENTICATION: 9274650

DATE: 01-05-12

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