#### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000240523 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)(61)-6333 (017 - 6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943

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

Email Address:

Foreign Limited Liability Company GROSSMANN JET SERVICE USA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help

0CT - 3 2012

EXAMINER .

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Grossmann Jet Service USA, 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:	
Witold Jurewicz	
Name of Person	
DLA Piper LLP (U\$)	
Firm/Company	
200 South Biscayne Boulevard, Suite 2500	
Address	
Mlami, FL 33131-5341	
City/State and Zip Code	
Witold.Jurewicz@dlapiper.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:	71
TODOGO Galoriam, Or. Caranagar III	,
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 Cliffon Building Tallahassee, FL 32314 2661 Executive Center Circle	res e
Registration Section Registration Section	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32314 2661 Executive Center Circle	
Enclosed is a check for the following amount:  \$\int_{\text{S125.00 Filing Fee}}^{\text{S130.00 Filing Fee}} \ \int_{\text{Certificate}}^{\text{S130.00 Filing Fee}} \ \int_{\text{Certificate}}^{\text{S155.00 Filing Fee}} \ \int_{\text{Of Status}}^{\text{S160.00 Filing Fee}} \ \int_{\text{Of Status}}^{\text{S160.00 Filing Fee}} \ \int_{\text{Certificate}}^{\text{S160.00 Filing Fee}} \ \int_{\text{Certificate}}^{\text{S160.00 Filing Fee}} \ \int_{\text{Ortificate}}^{\text{S160.00 Filing Fee}}} \ \int_{\text{Ortificate}}^{\text{S160.00 Filing Fee}} \ \int_{\text{Ortificate}}^{\text{Ortificate}} \ \int_{Ort	

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

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
[ Grossmann Jet Service USA, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C," "LLC.")	: written ility
2, Delaware 3, 99-0380970	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
4. 09/21/2012 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_
6. Upon qualification	_
(Oute first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 6181 Balboa Circle, Apt. 305	_
Boca Raton, FL 33433	
(Street Address of Principal Office)	•
8. If limited liability company is a manager-managed company, check here	, #3
9. The name and usual business addresses of the managing members or managers are as follows: $\frac{1}{100}$	\$ 10.44
Grossmann Jet Service s.r.o.	ر - نوار =
6181 Balboa Circle, Apt. 305	
Boca Raton, FL 33433	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a trunslation of the certificate under oath of the translator must be submitted.)	xords in
11. Nature of business or purposes to be conducted or promoted in Florida:	•
Real Estate Investments	.,
12-8im	
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.)	
Dagmar Grossmann	

Typed or printed name of signce

# 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 and the Florida street address of the registered agent and office are:    NRAI Services, Inc.   20	The name of the Limited Liability Co     Grossmann Jet Service US	• •	
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)	If unavailable, the alternate to be used in	the state of Florida is:	
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)	2. The name and the Florida street addre	ess of the registered agent and office a	ıre:
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)	NRAI Services, Inc.		意った
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)		(Name)	
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)	515 East Park Aver	nue	8. 2
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)			
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)	Tallahassee		
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)		City/State/Zip	E &
\$ 100.00 Filing Fee for Application	liability company at the place designated it agent and agree to act in this capacity. If relating to the proper and complete performability of my position as registered agonals. NRAI Services, Inc.  By:  [Single Place of My Park Place of Services of My Park Place of My Park Pla	n this certificate, I hereby accept the aparther agree to comply with the provision mance of my duties, and I am familiar tent as provided for in Chapter 608, Floranter	opointment as registered ions of all statutes with and accept the

\$ 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 "GROSSMANN JET SERVICE USA, 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 SECOND DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROSSMANN JET SERVICE USA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2012.

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

12 OCT -2 AM 8: 48

5211052 8300

121091558

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

AUTHENTY CATION: 9888420

DATE: 10-02-12