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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone : (215)563-8113

Fax Number : (215) 977-9386

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

50 m m s 3 7	Address:			
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Foreign Limited Liability Company AVIATION RESPONSE TEAM, LLC

Certificate of Status	0
Certified Copy	0
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B. KOHR

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

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

AVIATI	ON RESPONSE TEAM, LLC Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of "LLC.")	5\ \
(Name o	Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")	
(If name unavai consent of the n Company," "L.1	ilable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the usnagers or managing members adopting the alternate name. The alternate name must include "Limited Liab L.C." "LLC.")	e written sility
2. Delawa	are under the law of which foreign limited liability (FEI number, !f applicable)	
company is o	erganized)	
_{4.} Janua	(Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	•
_{6.} Upon	authorization	_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 P.S. to determine penalty liability)	
_{7.} <u>2400</u>	Lakeview Parkway, Suite 560	
Alpha	retta, GA 30009	
	(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:	
John J.	Fleming, III 2400 Lakeview Parkway, Suite 560, Alpharetta, GA 3000	9
		
+		
10. Attached is	an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody o	rfrecords in
the jurisdiction	under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language	
translation of th	ne contificate under cath of the translator must be submitted	
11. Nature o	of business or purposes to be conducted or promoted in Florida:	
Aviation	on claims investiga tions	,
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the	,
	penalties of perjury that the facts stated here is 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 a.817.155, P.S.)	
	John J. Fleming, III, Manager	
	Transfer rome of nimes	

(((H130000133433)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,

IE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
ATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
TATE OF FLORIDA.

1. The name of the Limited Liability Company is:						
A	VIATION	RESPONSE T	TEAM.	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:

W. Bradley Munroe, Esquire

239 East Virginia Street

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

Tallahassee

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 stanutes 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.

> Filing Fee for Application \$ 100.00

Designation of Registered Agent \$ 25.00

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AVIATION RESPONSE TEAM, 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 SEVENTEENTH DAY OF JANUARY, A.D.
2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVIATION RESPONSE TEAM, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2013.

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

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You may verify this cortificate online at corp.deleware.gov/authver.shtml

AUTHENTYCATION: 0151515

DATE: 01-17-13