Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : I20020000094

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

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	Addross:	

Foreign Limited Liability Company Aviator Capital GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FEB - 7 2013

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Corporate Filing Menu

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CR25027 (9/10)

COVER LETTER

TO

Registration Section Division of Corporations

Aviator Capital GP, 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:

Lorna J. Virts Name of Person Smith, Gambrell & Russell, LLP Firm/Company 1230 Peachtree Street NE, Suite 3100 Address Atlanta, GA 30309 City/State and Zip Code lvirts@sgrlaw.com

For further information concerning this matter, please call:

Lorna Virts

Name of Person

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314

STREET ADDRESS:

E-mail address: (to be used for future annual report notification)

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125,00 Filing Fee

S130.00 Filling Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

🖾 \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN CONTRACT WITH SECTION WASTS, PLORIDES STATUTE. IMPLED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE.	STATE OF FLORIDA:
1. Aviator Capital GP, LLC (Nume of Foreign Limited Liability Company) must include	e "Limited Liability Company," "L.L.C.," or "L.L.C."
(If name unavailable, enter alternate name adopted for the purpose	of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the afterno Company," "L.L.C." "LLC.")	ate name, The alternate name must include "Limited Liability
2. Delaware 3.	<u> </u>
(Jurisdiction under the law of which foreign limited liability company is organized)	(l'El number, il' applicable)
4. March 13, 2012 5.	Perpetual 출발 급 개
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification (Day first transacted business in Planta (See sections 608.501 & 608.502 F.S. to	mo 🦡 M
(Duly first transacted business in Ploric (See sections 608,501 & 608,502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 18851 NE 29th Avenue, Suite 518	o determine penalty flability)
Aventura, FL 33180	•
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here 🔳
9. The name and usual business addresses of the manag	ting members or managers are as follows:
Jorge Wolf, 18851 NE 29th Avenue, S	· · · ·
Hugo Reiter, 18851 NE 29th Avenue,	
Hugo Neiter, 10651 NE Zeith Aveilue,	, Salte 516, Aventara, FL 53160
10. Attached is an original certificate of existence, no more than 90 day	
the Jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under outh of the translator must be submit	
11. Nature of business or purposes to be conducted or pr	Managament Sandras
, , , ,	
	orized representative of a member.
(in accordance with section 608,408(3), F.S., the executive penalties of perjury that the facts stated herein are true. I the Department of State constitutes a t	on of this document constitutes an affirmation under the fam aware that any false information submitted in a third degree felony as provided for in s 817.155, F.S.)
Jorge Wolf, Manager	
Typed or printed no	ame of signee
•	(((H13000029430.3)))

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.

	of the Limited Liability Company is: Capital GP, LLC		_
If unavailable,	the alternate to be used in the state of Florida is:		
2. The name a	and the Fiorida street address of the registered agent and office are:	20	_
NRAI Services, Inc.		2013 FEB	در ده » در
	(Nume)	1047 1	F MJESTYP Gallenies
515 East Park Avenue		6 A	
	Fiorida Street Address (P.O. Box NOT ACCEPTABLE)	AM II:	
	Tallahassee FL 32301	STATE CORMA	

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 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AVIATOR CAPITAL GP, 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 SIXTH DAY OF FEBRUARY, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVIATOR

CAPITAL GP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D.

2012.

5123818 8300

130138254

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

AUTHENTY CATION: 0197174

DATE: 02-06-13

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