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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

. From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*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 FLEXJET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	CT:	Flexio	et, LLC		
	****	Name of Li	mited Liability Company		
				ansact Business in Florida," Certifica y company to transact business in Flo	
Please re	eturn all correspondence c	oncerning this matter to th	e following:		
		De	ebra Perelman	·	
		7	Name of Person		
Flexjet, LLC c/o One Sky Flight, LLC					
Firm/Company					
355 Richmond Road			× 3		
	<u> </u>		Address	,	است. عدة إعلام
	Cleveland, Ohio 44143			2012 2011 20	
		City/	State and Zip Code		
		·	@flightoptions.com		79:5 
	<del></del>	E-mail address: (to be use	ed for future annual report not	ification)	ę.
For furt	her information concerning	g this matter, please call:		, j	, ,
	Debra Per	relman	216 797-84 at()	177	
	Name o	of Person Ar	ea Code & Daytime Telephon	e Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisi Regis Clifto 2661	GET ADDRESS: ion of Corporations tration Section in Building Executive Center Circle massee, FL 32301		
Enclos	ed is a check for the f	ollowing amount:  \$\Boxed{\text{\$\subseteq} \$130.00 Filing 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 COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS  1. Flexjet, LLC		
(Name of Foreign Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting the Company," "L.L.C," "LLC.")	purpose of transacting business in Florida and attach a copy of the write the alternate name. The alternate name must include "Limited Liability	
2 Delaware	3	
Delaware     (Jurisdiction under the law of which foreign limited liab company is organized)	bility (FEI number, if applicable)	
4. April 12, 2013	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. N/A		
(Date first transacted busines (See sections 608.501 & 608.5	is in Florida, if prior to registration.) 02 F.S. to determine penalty liability)	
7 3400 Waterview Pa	02 F.S. to determine penalty liability) urkway, Suite 400	
Richardson, Texas 75080		
(Street A	Address of Principal Office)	
8. If limited liability company is a manager-man		
9. The name and usual business addresses of the	e managing members or managers are as follows:	
Kenneth C. Ricci, 355 Richmond Road, Cleveland, C	Ohio 44143	
Michael A. Rossi, 355 Richmond Road, Cleveland, C	Ohio 44143	
	·	
	than 90 days old, duly authenticated by the official having custody of recorn thotocopy is not acceptable. If the certificate is in a foreign language, a at be submitted.)	
11. Nature of business or purposes to be conduct business	cted or promoted in Florida: Operation of an aviation	
	1 8	
Delus	h to	
	an authorized representative of a member.	
penalties of perjury that the facts stated herei	the execution of this document constitutes an affirmation under the in are true. I am aware that any false information submitted in a astitutes a third degree felony as provided for in s:817.155, F.S.)	
	A. Perelman	
Typed or p	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.

If unavailable	, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street add	dress of the registered agent and office are:	
		C T Corporation System	
		(Name)	,
		1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		•
	Plantation	FL. 33324	<del>-</del> -
		City/State/Zip	

Statutes.

	C T Corporation System	C!- (\)
By:	Conin Buran (Signature)	<u>Connie Bry</u> an
	(Signature)	Assistant Secretary
		,

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) Certificate of Status (optional) S 5.00

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FLEXJET, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2013.

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

M 9 12

5318684 8300

131331199

may vorify this cortificate online

Jeffrey W. Bullock, Secretary of State

DATE: 11-20-13