(Requestor's Name)
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ION SERVICE COMPANY	
ACCOUNT NO. :	: 12000000195
REFERENCE :	974438 7899441
AUTHORIZATION :	Signel Elegan
COST LIMIT :	\$ 125.00
ORDER DATE : January 24, 2014	· · · · · · · · · · · · · · · · · · ·
ORDER TIME : 3:35 PM	
ORDER NO. : 974438-005	
CUSTOMER NO: 7899441	201
FOREIGN FIL	LINGS ASSEELT
NAME: SASOF II (B), I	
XXXX QUALIFICATION (TYPE: LL)	
PLEASE RETURN THE FOLLOWING AS P	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAN	IDING
CONTACT PERSON: Susie Knight	EXT# 52956
	EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

SASOF II (B), 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:

Patrice Robinet	
Name of Person	
SASOF II (B), LLC	•
Firm/Company	201
848 Brickell Avenue, Suite 500	2014 JAN 24
Address	
Miami, Florida 33131	E
City/State and Zip Code	
oatricer@apollo.aero	PART S
E-mail address: (to be used for future annual report notification)) J

For further information concerning this matter, please call:

Nathalie Feria

Name of Contact Person

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SASOF II (B), LLC (Name of Foreign Limited Liability C	ompany, must include "Limited Liability Compa	ny," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted in Liability Company," "L.L.C," or "LLC.")	or the purpose of transacting business in Florida.	The alternate name must include "Limited
Delaware	_{3.} 46-4474921	
(Jurisdiction under the law of which foreign limit company is organized)		number, if applicable)
_{4.} n/a		
(Date first tra-	nsacted business in Florida, if prior to registration 5.0904 & 605.0905, F.S. to determine penalty lial	ı.) bility)
5. 848 Brickell Avenue, St	uite 500	H 2
Miami, Florida 33131		
848 Brickell Avenue, Su	(Street Address of Principal Office)	ILAMASS
Miami, Florida 33131		
**************************************	(Mailing Address)	10 S
7. The name, title or capacity and add	ress of the person(s) who has/have au	nthority to manage is are:
Apollo Aviation Fund Mar	agement, LLC , Robert	G. Korn, Auth. Rep.
848 Brickell Avenue, Suite	∋ 500	
Miami, Florida 33131		
3. Attached is an original certificate of naving custody of records in the jurisdi acceptable. If the certificate is in a foreignust be submitted)	ction under the law of which it is org	anized. (A photocopy is not

Patrice Robinet

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of t	he Limited Liability Co	ompany is:		
SASOF II	(B), LLC			
If unavailable, the	e alternate to be used in	n the state of Florida is:		
2. The name and	the Florida street addr	ess of the registered agent and office are:	. 20	٠
(Corporation S	Service Company	2014 JAN 24	77
-		(Name)	N 2	
•	1201 Hays St	treet	SEE P	T
-	Florida Street	t Address (P.O. Box NOT ACCEPTABLE)		O
1	Tallahassee	FL 32301	3.05 S	
_		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 605, Florida Statutes.

(Signature)

Maria Long Asst. Sec.

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

\$ 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SASOF II (B), 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SASOF II (B),

LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013.

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

5451488 8300

140088111

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1082808

DATE: 01-24-14

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