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TO:

Division of Corporations

Fax Number : (850)617-6383

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLI

Account Number : I20090000001

Phone : (239)213-0066

Fax Number

: (239)213-0698

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 Phillips Air, LLC

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1/30/2014

Fax: 239+213+0698

Jan 30 2014 05:05pm P002/005

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COVER LETTER

SUBJECT: Phillips Ai		<u> </u>
•	Name of Limited Liability Company	
The enclosed "Application by Fore Existence, and check are submitted	ign Limited Liability Company for Authorization to Transact Business to register the above referenced foreign limited liability company to tra	in Florida," Certificate of ansact business in Florida
Please return all correspondence ∞	ncerning this matter to the following:	
Brigette	Harms	
	Name of Person	
Advocat	e Consulting Legal Group, PLLC	,
	Firm/Company	_
3073 Ho	orseshoe Drive South, Suite 210	
	Address	
Naples, FL 34104		2014
	City/State and Zip Code	
brigetteh@advocatetax.com		30 P
,	E-mail address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	1 9: 0
Brigette Har	rms239213-0066	06 AAT
Name of	Contact Person Area Code Daytime Telephone	Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	

Certificate of Status

☐ \$155,00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certified Copy ☐ Status & Certified Copy

(((H14000024378 3)))

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: Phillips Air, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C." or "LLC.") (If name mavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liebility Company," "L.L.C," or "LLC.") Delaware company is organized) (Date first transacred business in Florida, If prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3747 Hecktown Road Easton, PA 18045 (Street Address of Principal Office) ₆ 3747 Hecktown Road Easton, PA 18045 (Mailing Address 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Manager Blaine Phillips 3747 Hecktown Road, Easton, PA 18045 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptuble. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an effirmation 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.3:7.155, F.S.) Blaine Phillips

Typed or printed name of signee

Jan 30 2014 05:06pm P004/005 (((H14000024378 3)))

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.

I. The name of Phillips A	the Limited Liability Company is:		
If unavailable, t	he alternate to be used in the state of Florida is:		
		2014	
2. The name an	d the Florida street address of the registered agent and office are:	JAN 30 TAHASS	
	Blaine Phillips	<u>~</u>	7**
	(Name)		Z 3 3
	2512 Barcelona Drive	~~ ,~~	υ Ö Ö
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	the second	
,	Fort Lauderdale FL 33301		
	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.

Blacker (Signature)

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

ADVOCATE CONSULTING

Fax: 239+213+069B

Jan 30 2014 05:06pm P005/005

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHILLIPS AIR, 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-EIGHTH DAY OF JANUARY, A.D. 2014.

2014 JAN 30 AM 9: 06

5473101 8300

140101843

AUTHENTICATION: 1093672

DATE: 01-28-14

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

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