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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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JETLEASE CAPITAL, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE (COND.)

COVER LETTER

SUBJECT: JetLease Capita	Name of Limited Liability Company
The enclosed "Application by Foreign Limited I Existence, and check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Certificate of ne above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this	s matter to the following:
Lorna J. Virts	
	Name of Person
Smith, Gambr	ell & Russell, LLP
	Firm/Company
1230 Peachtro	ee Street NE, Suite 3100
	Address
Atlanta, GA 3	80309
	City/State and Zip Code
rdise@jetlease	e.com
E-mail add	tess: (to be used for future annual report notification)
For further information concerning this matter, p	please call:
Lorna J. Virts	at (404 Street Code Daytime Telephone Number
Name of Contact Perso	n 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 Tallahassee, FL 32301
Enclosed is a check for the following an	nount:

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. JetLease Capital, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware	3	46-4569129
(Jurisdiction under the law of which foreign limited liability company is organized)	_ J.	(FEI number, if applicable)
		(FEI number, if applicable)
(Date first transacted busines (See sections 605.0904 & 605.0	s in Fl 905, F	orida, if prior to registration.) S. to determine penalty liability)
1515 Perimeter Road, Suite T-	101	SERV.
West Palm Beach, FL 33406		FIST
•		f Principal Office)
1515 Perimeter Road, Suite T-	101	
West Palm Beach, FL 33406		
(N	lailing	Address)
. The name, title or capacity and address of the p	erso	n(s) who has/have authority to manage is/are:
ise, Russell W., Manager, 1515 Perimete	r Ro	Ste T-101, West Palm Beach, FL 33406
arris, Samuel Manager, 1515 Perimeter R	d S	te T-101, West Palm Beach, FL 33406
		ore than 90 days old, duly authenticated by the offic
· ·		aw of which it is organized. (A photocopy is not
nust be submitted)	c, a t	ranslation of the certificate under oath of the transla

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of pergury 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.817.155, F.S.)

Russell W. Dise, Manager

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.

	the Limited Liability Complete Capital, LLC	pany is:	. 28
lf unavailable, t	he alternate to be used in th	ne state of Florida is:	TALLAHAS
2. The name an	d the Florida street address	of the registered agent and office are:	ROF STA
Russell W. Dise			REC.
		(Name)	
	1515 Perimeter	r Road, Suite T-101	
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
	West Palm Beach	_{FL} 33406	
		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 acceptance agent as provided for in Chapter 605, 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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "JETLEASE CAPITAL, 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JETLEASE CAPITAL, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2014.

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

5467811 8300

140116630

AUTHENT CATION: 1101490

DATE: 01-31-14

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