# \*1/14000003555

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
6114-3737	2/ # SHO!	<del>re 7</del>

Office Use Only



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TO SEAL OF FILING

2014 NAY 21 FS 4: 12

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K.SALY EXAMINER MAY 27 2014



ON SERVICE COMPANY					
	ACCOUNT NO.	:	I2000000195		
	REFERENCE	:	142253	8941A	
	AUTHORIZATION	:	Lack of		
****	COST LIMIT	:	\$ 802.50	wan	
ORDER DATE : M					
ORDER TIME : 1	0:01 AM				
ORDER NO. : 1	42253-010				
CUSTOMER NO:	8941A				
			<b></b>		
	FOREIGN F	<u>[LI]</u>	NGS		
NAME: FLORIDA AVIATION PARTNERS, LLC					
XXXX QUALIFICA	TION (TYPE: Li	<u></u> ()			
PLEASE RETURN T	HE FOLLOWING AS	PRO	OOF OF FILING	:	
CERTIFI XX PLAIN S CERTIFI	ED COPY TAMPED COPY CATE OF GOOD STA	AND:	ING		
CONTACT PERSON:	Emily Gray	EX:	Г# 62925		
		]	EXAMINER:		



May 22, 2014

CSC / EMILY GRAY

SUBJECT: FLORIDA AVIATION PARTNERS, LLC

Ref. Number: W14000032374

RESUBMIT
Please give original
submission date as file date.

We have received your document for FLORIDA AVIATION PARTNERS, LLC and your check(s) totaling \$902.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$902.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 014A00011135

14 MAY 23 AM 10: 48

#### **COVER LETTER**

<b>SUBJECT:</b> Florida Aviation F	
Nam	e of Limited Liability Company
	ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	tter to the following:
Larry Kiem	
	Name of Person
ZMG Construct	ion, Inc
-	Firm/Company
477 Commerce	Way, Suite 115
	Address
Longwood, FL 3	32750
***	City/State and Zip Code
Ikiem@zmgcons	struction.com
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	se call:
Larry Kiem	407 865-5771 X123
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 Tallahassee, FL 32301
Enclosed is a check for the following amou	

Certificate of Status

Certified Copy

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. Florida Aviation Partners, LLO		in Community   C 22 o	- W. T. C. W.
(Name of Foreign Limited Liability Co.	mpany; must include "Limited Liabit	ity Company," "L.L.C.," of	r"LLC.")
(If name unavailable, enter alternate name adopted fo Liability Company," "L.L.C," or "LLC.")	r the purpose of transacting business	in Florida. The alternate na	ame must include "Limited
<sub>2.</sub> Delaware	<sub>3.</sub> 45-44	17638	
(Jurisdiction under the law of which foreign limited company is organized)	d liability	(FEI number, if application	able)
4. 02/01/2012			
(Date first trans (See sections 605.	sacted business in Florida, if prior to 0904 & 605.0905, F.S. to determine	registration.) penalty liability)	
5. 477 Commerce Way	y, Suite 115		配量"
Longwood, FL 3275			2 1
Como	(Street Address of Principal Office	e)	REC. FI ONLY
<sub>6.</sub> Same			<u> </u>
•			PART P
	(Mailing Address)		<del></del>
7. The name, title or capacity and address	ess of the person(s) who has	/have authority to m	anage is/are:
Mark C Filburn - CEO	ı		
477 Commerce Way,	Suite 115		
Longwood, FL 32750	•		
8. Attached is an original certificate of e having custody of records in the jurisdic acceptable. If the certificate is in a foreign must be submitted)	tion under the law of which	it is organized. (A p	hotocopy is not

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

Mark C Filburn

Typed or printed name of signee

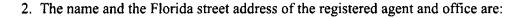
# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 the	Limited	Liability	Company	v is:
----	----------	--------	---------	-----------	---------	-------

### Florida Aviation Partners, LLC

If unavailable, the alternate to be used in the state of Florida is:



Mark C Filbur	n	
	(Name)	-
477 Commerc	ce Way, Suite 115	
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
Longwood	32750	
	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)

\$ 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 "FLORIDA AVIATION PARTNERS 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-FIRST DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA"

AVIATION PARTNERS LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY,

A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5103361 8300

140679106

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1389570

DATE: 05-21-14

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