

M 14000003555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

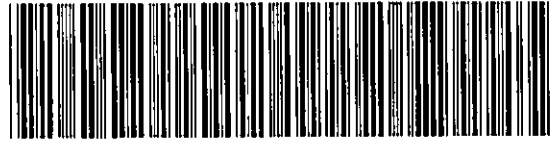
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUN 25 AM 8:21
OFFICE OF THE CLERK
STATE OF TEXAS

B FIGUEROA

JUN 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA AVIATION PARTNERS LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW ROGERS

Name of Person

BILL DAVIS & ASSOCIATES LLC

Firm/Company

1331 SOUTH KILLIAN DRIVE, STE A

Address

LAKE PARK, FL, 33403

City/State and Zip Code

mrogers@bda-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW ROGERS at (786) 7877200

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FLORIDA AVIATION PARTNERS LLC

Enter new principal office address, if applicable:

N/A

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000003555

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 05/21/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: FLORIDA HOLDING PARTNERS LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2018 JUN 25 AM 8:21

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

MATTHEW ROGERS

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "FLORIDA HOLDINGS PARTNERS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:36 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "FLORIDA AVIATION PARTNERS LLC" TO "FLORIDA HOLDINGS PARTNERS, LLC", FILED THE ELEVENTH DAY OF APRIL, A.D. 2016, AT 6:52 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "FLORIDA HOLDINGS PARTNERS, LLC".



5103361 8100H
SR# 20185215666

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202905269
Date: 06-18-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:39 AM 02/01/2012
FILED 10:36 AM 02/01/2012
SRV 120109213 - 5103361 FILE

State of Delaware
Limited Liability Company
Certificate of Formation

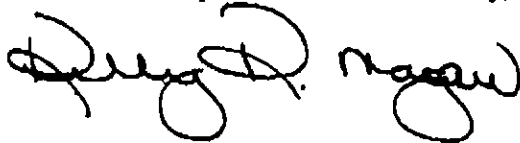
This certificate of formation is being executed for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del.C 18-101, et seq.

FIRST: The name of the limited liability company is
Florida Aviation Partners LLC

SECOND: The address of its registered office in the State of Delaware is 113 Barksdale Professional Center in the City of Newark, County of New Castle. Zip code, 19711. The name of its Registered Agent at such address is Delaware InterCorp, Inc.

THIRD: The members agree to be bound by the signed Limited Liability Company Agreements except as they may be contradicted by the Limited Liability Company Act of the State of Delaware.

IN WITNESS WHEREOF, I, the undersigned, being fully authorized to execute and file this document, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Act, do make this Certificate of Formation, acknowledging under the penalties of perjury in the third degree, hereby declaring and certifying that this instrument is my act and deed and the facts herein are true, pursuant to 6 Del.C §18-204 and accordingly have hereunto set my hand this Wednesday, February 01, 2012.



Organizer: Delaware InterCorp, Inc. by
Kelly K. Magaw, Secretary