Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001400573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

ter 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 DYCOM AVIATION, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Lauren WHA 3 curr.

COVER LETTER

COVERLIER
TO: Registration Section Division of Corporations
SUBJECT: DYCOM AVIATION, LEC
Name of Limited Hability Company
The enclosed "Application by Poreign 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:
NATASHA WRIGHT
Name of Person
DYCOM AVIATION, LLC
Firm/Company
11770 U.S. HWY 1, SUITE 101
Address
PALM BEACH GARDENS, FL 39408
City/State and Zin Code
STATE ANNUAL FILINGS@DYCOMINC:COM
B-mail address; (to be used to figure annual report collification)
For further information concerning this matter, please call;
NATASHA WRIGHT 007581 799-2272
Name of Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahasses, FL 32314 Z561 Exceptive Center Circle Tallahasses, FL 32301
Enclosed is a check for the following amount: [II \$125.00 Filing Fee

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE A 1. DYCOM AVIATION, LLC (Name of Foreign Limited Liability Company; must include		
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alterna Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written to name. The alternate name must include "Limited Liability	
2. DELAWARE 3.	2 05-0581999	
(Jurisdiction under the law of which foreign limited liability company is organized)	(PEI number; if applicable)	
4.	<u> </u>	
(Date first transacted business in Bloric (See sections 605,0904 & 605,0905, T.S	da, if prior to registration.) Let o determine ponalty liability)	
5. 11770 U.S. HWY 1, SUITE 101	<i>V</i> =	
PALM BEACH GARDENS, FL 33408		
(Street Address of	Principal Office)	
6. 11770 U.S. HWY 1, SUITE 101		
PALM BEACH GARDENS, FL 33408	→	
(Malling)	\ddrdssi)	
7. The name, title or capacity and address of the person	(a) who has/have authority to manage is/are:	
Steven Nielsen, Manager / 11770 US Hwy 1, #101	, Palm Beach Gardens, FL 33408	
H. Andrew DeFerrari, Manager / 11770 US Hwy 1,	#101, Palm Beach Gardens, FL 33408	
Timothy R. Estes, Manager / 11770 US Hwy 1, #10	01, Palm Beach Gardens, FL 33408	
8. Attached is an original certificate of existence, no more than 90 day in the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under each of the translator must be submit	y is not acceptable. If the certificate is in a frieign ianguage, a	
in the jurisdiction under the law of which it is organized. (A photocop	y is not acceptable. If the certificate is in a foreign language, a text)	

Typed or printed name of signee

2

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 is:

DYCOM AVIATION, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	जन 1255 (आ 1755 (आ
CT CORPORATION S	SYSTEM	
	(Name)	S
1200 SOUTH PINE IS	BLAND ROAD	
	Address (P.O. Box NOT ACCEPTABLE)	10.2 10.2 10.2
PLANTATION	_{FL} 33824	AGE A
Haulan kann named as readstoned about on	Cliy/State/Zip	totad limited
liability company at the place designated i registered agent and agree to act in this co statutes relating to the proper and comple	nd to accept service of process for the above sin this certificate, I hereby accept the appointmapacity. I further agree to comply with the process performance of my duties, and I am familiate egistered agent as provided for in Chapter 605 Madonna Cud Special Assistant s	nent as ovisions of all r with and i, Florida I dihy .
\$ 100.0 \$ 25.0 \$ 30.1 \$ 5.0	00 Designation of Registered Agent 00 Certified Copy (optional)	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DYCOM AVIATION, 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 TWELFTH DAY OF JUNE, A.D. 2014.

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

3686005 8300

140828937

DATE: 06-12-14