Page 1 of 1



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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Foreign Limited Liability Company Hawkeye Heli-Tours, LLC

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JUN 17 2014

6/16/2014

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Hawkeye Heli-Tours, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign 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:
Linda Hunt
Name of Person
Frost Brown Todd, LLC
Pirm/Company
400 West Market Street, 32nd Floor
Address
Louisville, KY 40202
City/State and Zip Code
lhunt@fbtlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Hunt502 779-8585
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 Registration Section Clifton Building Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building Division Of Corporations
Tallahnssee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \begin{align*} \text{\$\text{\$\text{\$\text{\$cartificate}\$}} & \$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\

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. Hawkeye Heli-Tours, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	•
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lin Liability Company," "LLC," or "LLC.")	, rited
2. Kentucky 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	•
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	•
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 5071 W Irlo Bronson Memorial Hwy, Unit A-B	
Kissimmee, FL 34746	•
(Street Address of Principal Office) 6. 5071 W Irlo Bronson Memorial Hwy, Unit A-B	,
Kissimmee, FL 34746)
(Mailing Address)	i
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Madison E. Potter, Manager, 5071 W Irlo Bronson Memorlal Hwy, Unit A-B	
	•
Kissimmee, FL 34746	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the transmust be submitted)	
Sinda Hunt	
Signature of an authorized person (In accordance with section 605.0203, P.S., the execution of this document constitutes an affirmation under the penulties of perjuty that the facts fated here um aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.8.17.455; F.S.)	in are arus.
Linda Hunt 돌봄 ş	
Typed or printed name of signee	
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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.

If unavailable	the alternate to be used in the	state of Florida is:	
2. The name	and the Florida street address	of the registered agent and office are:	
	CT Corporati	on System	
,		(Name)	-
		ne Island Road	_
	Florida Street Ado	dress (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		City/State/Zip	-
FF	amed as registered agent and		
liability compe registered age statutes relation	my at the place designated in t nt and agree to act in this capa ig to the proper and complete p gations of my position as regis	to accept service of process for the above so this certificate, I hereby accept the appoint acity. I further agree to comply with the properformance of my duties, and I am familia stered agent as provided for in Chapter 60.	ment as vovisions of all ar with and
liability comperegistered age statutes relative accept the obli	my at the place designated in t nt and agree to act in this capa ig to the proper and complete p gations of my position as regis	this certificate, I hereby accept the appoint ocity. I further agree to comply with the properformance of my duties, and I am familia stered agent as provided for in Chapter 60. James M. Halpin	ment as vovisions of all ar with and
liability compo registered age statutes relativ accept the obli	my at the place designated in t nt and agree to act in this capa ig to the proper and complete p gations of my position as regis	this certificate, I hereby accept the appoint acity. I further agree to comply with the properformance of my duties, and I am familia stered agent as provided for in Chapter 60. James M. Halpin Assistant Secretary	ment as vovisions of all ar with and

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 151875
Visit https://spp.sos.ky.gov/fishow/certyalidate.aspx.to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HAWKEYE HELI-TOURS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 13, 2014 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of June, 2014, in the 223th year of the Commonwealth



Alison Lundergan Grimes Secretary of State

Commonwealth of Kentucky

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