M140000008841

(Requestor's Name)					
(Address)					
(Address)					
-1					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
į					
L					

Office Use Only



600265733316

12/11/14--01001--006 **125.00

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED

OFFARIMENT OF STATE

IVISION OF CORPORATION

PECKE LARY OF ST

DEC 1 1 2014

T BROWN



December 10, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9370102 SO

Customer Reference 1:

Florida Filings

(File 1st)

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

ATLANTIC AVIATION-ORLANDO EXECUTIVE LLC (DE) Registration

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

Division of Corporations					
SUBJECT: ATLANTIC AVIATION-ORLANDO EXECUTIVE 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:					
ANNELLE VEREEN					
Name of Person					
ATLANTIC AVIATION FBO, INC.					
Firm/Company					
6652 PINECREST DR., SUITE 300					
Address					
PLANO, TX 75024					
Cîty/State and Zip Code					
annelle.vereen@atlanticaviation.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ANNELLE VEREEN, 972 905-2524					
ANNELLE VEREEN at (972) 905-2524 Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS: STREET ADDRESS:					
Division of Corporations Registration Section Division of Corporations Registration Section					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					
· · · · · · · · · · · · · · · · · · ·					
Enclosed is a check for the following amount:					
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Copy ☐ Status & Certified Copy					

TO:

Registration Section

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. ATLANTIC AVIATION-ORLANDO EXECUTIVE 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 "Limited Liability Company," "L.L.C," or "L.L.C.")
2. DELAWARE 3. 47-2468608
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Upon Registration
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 6652 PINECREST DR SUITE 300
5 6652 PINECREST DR SUITE 300
PLANO TX 75024 (Street Address of Principal Office)
6. 6652 PINECREST DR SUITE 300
PLANO TX 75024
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
LOUIS T PEPPER, PRESIDENT/CEO, 6404 SUDBURY RD PLANO TX 75024
DAN REINHEIMER, VP/CFO, 4403 MARINER DR FRISCO TX 75034
MARLA BECKHAM, TREASURER/ASST SECRETARY, 5844 BROADWELL PLANO TX 75093
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official 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 translator must be submitted)
Signature of an authorized person
Signature of an authorized person (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, 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.)
LOUIS T PEPPER, 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.

1. The name o	f the Limite	ed Liability Company is:	
ATLANTIC AVI	ATION-ORL	ANDO EXECUTIVE LLC	
If unavailable,	the alternat	e to be used in the state of Florida is:	
2. The name a	nd the Flori	da street address of the registered agent and office are:	
	C T Corpor	ration System	
		(Name)	
	1200 South Pine Island Road		
		Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		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.

C T Corporation System By: By:	Connie Bryan
(Signature)	Assistant Secretary

\$ 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

The First State

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

DELAWARE, DO HEREBY CERTIFY "ATLANTIC AVIATION-ORLANDO EXECUTIVE

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 TENTH DAY OF DECEMBER,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5647393 8300

141513127

AUTHENT CATION: 1942300

DATE: 12-10-14

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