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DATE:

1/9/15

NAME:

AERSALE 27094 LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT:	AERSALE 27094 LLC
	Name of Limited Liability Company
The enclosed "App: Existence, and chec	lication by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate k are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please return all co	respondence concerning this matter to the following:
	Micah Caudle
	Name of Person
	Capitol Services - Corporate Filings Team
	Firm/Company
_	800 Brazos Ste 400
	Addross
	Austin TX 78701
	City/State and Zip Code
	Douglas.Meyer@aersale.com & Carolina.Peralta@aersale.com E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
	Micah Caudle at (800) 345-4647
	Name of Contact Person Area Code Daytime Telephone Number
	ADDRESS: STREET ADDRESS: Corporations Division of Corporations
Registratio	
P.O. Box 6	327 Clifton Building
Tallahasse	c, FL 32314 266! Executive Center Circle Tallahassee, FL 32301
Enclosed is a ch	ck for the following amount:
	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

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

		I STATUTES, THE FOLLOWING IS ICT BUSINESS IN THE STATE OF F		A
1. <u>AERSALE 2709</u>		CI BOSHSEI IV II IS BIMILON II		
(Name of Fore	ign Limited Liability Company; must	include "Limited Liability Company," "L.L.	.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "LLC,"	Iternate name adopted for the purpose	of transacting business in Florida. The alter	mate name must include "Limite	d.
	" OT "LDC.")	_	200	E - 11
2. DELAWARE (Jurisdiction under the law company is organized)	of which foreign limited liability	3(FEI number, if	applicable)	5 JAN 9 RA 2: 15
4				
	(Date first transacted busines (See sections 605,0904 & 605.0	s in Florida, if prior to registration) 905, F.S. to determine penalty liability)	ζ.	400 40
5				92 5
121 Albambea D	Nama Cuita 1700, Caral C	ables Clavid 24		3
121 Amambia P	Plaza Suite 1700, Coral G (Street Add	ables, Florid 31 fress of Principal Office)		
6				
404 Albambaa D	N 0.::- 4700 0 0			
121 Alnamora P	Plaza Suite 1700, Coral G	Sables, Florida 33134		
7. The name title or	canacity and address of the r	person(s) who has/have authority	to manage is/are	
	121 Alhambra Piz, Ste 17	•	•	hambra Plz, Ste 1700
1. Nicolas Finazzo	- CEO Coral Gables, FL 33134	4. Paul J. Cummiskey - Cl	LO & Secretary Coral G	Sables, FL 33134
2. Robert B. Nichol	121 Alhambra Piz, Ste 170 IS - COOCoral Gables, FL 33134	oo 5. Douglas Meyer - CAO	121 Alhambra Plz, Ste 1700 Coral Gables, FL 33134)
3. Scott Stewart - C	121 Alhambra Plz, Ste 1700		121 Alhambi	ra Ptz, Ste 1700 s. Ft. 33134
o. ocom otewant - C	<u> </u>	o. Frederick Craig Wright	- Sellioi Ab. again	5,12 00 10 1
8. Attached is an origin	nal certificate of exist nce, n	o more than 90 days old, duly au	thenticated by the offici	al
having custody of reco	ords in the jurisdict on under	te law of which it is organized. e, a translation of the certificate t	(A photocopy is not	lar
must be submitted)	mente is iti a foreign iangua i	e, a translation of the certificate i	ander oath of the translat	ior
		Marine		
	Signature o	an authorized person		
(In accordance with section 605.0 om aware that any false informati	0203, F.S., the execution of this document	consists an arrangement on under the penalties of me to St te constitutes a third degree felony as	perjury that the facts stated herein as provided for in s.817,155, F.S.)	re true. 1
· ,	Local	ax Mexical		
•	T prin	ted hame of sinnee	 	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Eggs May Con Constitution of the Constitution 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 nar	me of the Limited Liability Compan	ny is:	·
	AERS	SALE 27094 LL	<u> </u>
If unavaila	able, the alternate to be used in the s	state of Florida is:	
2. The na	me and the Florida street address of	the registered age	ent and office are:
Capitol Corporate Services, Inc. (Name)			Services, Inc.
		55 Office Plaza ess (P.O. Box NOT A	
	Tallahassee	FL City/State/Zip	32301

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.

> Gayle Windle, Asst. Secretary on Dayle Win behalf of Capitol Corporate Services, Inc.

> > \$ 100.00 Filing Fee for Application

\$ 25,00 **Designation of Registered Agent**

30,00 Certified Copy (optional)

Certificate of Status (optional) 5,00

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AERSALE 27094 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 EIGHTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AERSALE 27094"
LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2011.

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

5039303 8300

150028139

AUTHENTY CATION: 2022593

DATE: 01-08-15

You may verify this certificate online at corp.delevare.gov/authwer shim!