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NAME:

AERSALE 27043 LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT:		AERSALE 27043 LLC		
	Nan	ne of Limited Liability Company	·	
The enclosed "App Existence, and chec	lication by Foreign Limited Lial k are submitted to register the a	bility Company for Authorization bove referenced foreign limited li	to Transact Business in Florida," Certificate ability company to transact business in Flor	
Please return all co	rrespondence concerning this ma	atter to the following:		
_	Micah Caudle			
		Name of Person		
	Capit	ol Services - Corporate	Filings Team	
		Firm/Company		
_		800 Brazos Ste 40	0	
		Address		
		Austin TX 78701		
		City/State and Zip Code		
_	Douglas.Meyer@	aersale.com & Carolina (to be used for future annual report	a.Peralta@aersale.com	
For further information	tion concerning this matter, plea	·		
	Micah Caudle	at (<u>800</u>) 3	45-4647 Daytime Telephone Number	
MATEINO	GADDRESS:		Daytitise 1616/10000 Nutilicer	
	f Corporations	STREET ADDRESS: Division of Corporations		
Registratio		Registration Section		
P.O. Box 6		Clifton Building		
Tallahasse	e, FL 32314	2661 Executive Center Circle Tallahassoc, FL 32301		
Enclos <u>ed</u> is a ch	eck for the following amou		_	
\$125.00	Filing Fee \$130.00 Filin	ig Fee & 🛛 \$155.00 Filing Fe	e & S160.00 Filing Fee, Certificate	

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, AERSALE 27043 LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.	7
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name multiability Company," "L.L.C," or "LLC.")	st include "Limited
2. DELAWARE 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) 5.	
121 Alhambra Plaza Suite 1700, Coral Gables, Florida 33134 (Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·
6	
121 Alhambra Plaza Suite 1700, Coral Gables, Florida 33134 (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage	is/are:
121 Alhambra Plz, Ste 1700 1. Nicolas Finazzo - CEO Coral Gables, FL 33134 4, Paul J. Cummiskey - CLO & Sec	121 Alhambra Piz, Ste 170 retary Coral Gables, FL 33134
121 Alhambra Piz, Ste 1700 2. Robert B. Nichols - COO Coral Gables, FL 33134 5. Douglas Meyer - CAO Coral Gables, FL 33134	Piz, Ste 1700
121 Alhambra Piz, Ste 1700 3. Scott Stewart - CFO Coral Gables, FL 33134 6, Frederick Craig Wright - Senior V	121 Alhambra Plz, Ste 1700
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated	l by the official
having custody of records in the jurisdiction under the law of which it is organized. (A photoc acceptable. If the certificate is in a foreign language, a translation of the certificate under oath	opy is not
must be submitted)	or the translator
The state of the s	
Signature of an authorized person In accordance with section 605.0201, F.S., the execution of this sheument constitutes affirmation under the penalties of perjury that the	facts stated herein are true. I
am aware that any false argomation submitted in a document to the Department of State constitutes a third degree felony as provided for in	K#1V(52; F/2')
Typed or byinted name of signee	₹
	15 L
	NETA.

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 Compan	ıy is:		
	AERS	SALE 27043 LLC	,	_
If unavailable, th	ne alternate to be used in the s	tate of Florida is:		
2. The name and	d the Florida street address of	the registered age	nt and office are:	
	Cap	itol Corporate S (Name)	ervices, Inc.	
		55 Office Plaza ss (P.O. Box NOT AC		
	Tailahassee	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 behalf of Capitol Corporate Services, Inc.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FILED 15 JAN -9 AM II: 10 SECRETARY OF STATE SECRETARY OF STATE

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AERSALE 27043 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 27043"
LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2013.

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

5303590 8300

150028139

AUTHENTY CATION: 2022592

DATE: 01-08-15

You may verify this cartificate online at corp. delaware gov/author chtm?