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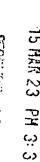
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COVER LETTER

SUBJECT: C & K Aero, 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:
Phillip Roberts
Name of Person
C & K Aero, LLC
Firm/Company
255 Leaning Pines Loop
Address
Destin, Florida 32541
City/State and Zip Code
pr71330@yahoo.com
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Andrews Name of Contact Person at (850) Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 of Status □ \$160.00 Filing Fee & □ \$160.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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	C & K Aero, LLC			
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC,")		
	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate native Company," "L L.C," or "LLC.")	me must incl	ude "Limited	
2K	ansas 3. 27-382781			
	ssdiction under the law of which foreign limited hability (FEI number, if applican mpany is organized)	blc)		
4				
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5	18637 West 97th Terrace			
	Lenexa, KS 66220			
	(Street Address of Principal Office)			
6	255 Leaning Pines Loop	·		
	Destin, Florida 32541			
	(Mailing Address)		· • •	
7. 7	The name, title or capacity and address of the person(s) who has/have authority to ma	mage is/aı	re:	
	Phillip Roberts PRESIDENT			
4	1832 N. MONROE ST.	Her	15	
_		55	<u> </u>	
	TALLAHASSEE, FL 32303	3/44c	- 70 - 71	! ! *****
3. At	tached is an original certificate of existence, no more than 90 days old, duly authent	icated by	ယ ည the official:	
	ng custody of records in the jurisdiction under the law of which it is organized. (A p			٠
	otable. If the certificate is in a foreign language, a translation of the certificate under be submitted)	oally of th		•
musi	be submitted)	**************************************	30	
	Signature of an authorized person ordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury			nie
in awa	re that any false information submitted in a document to the Department of State constitutes a third degree felony as provide	d for in s 817.1	155, F.S.)	
	Phillip Roberts 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	of the	Limited	Liability	Company	ie
١.	THE Hanne	OI UIC	Lillica	Liability	Company	13.

C & K Aero, LLC

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:

Steven R. Andrews, Esq.

(Name)

822 North Monroe

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

32303

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.

(Signature)

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4320743

Entity Name: C & K AERO, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: PHILLIP ROBERTS

Registered Office: 7820 W 52ND STREET, OVERLAND PARK, KS 66202

was filed in this office on June 11, 2009, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and the seal of the Secretary of State of the state of Kansas on this day of March 17, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 644566 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.