

| (Requestor's Name) | | | | | | | |
|---|--------------------|-----------|--|--|--|--|--|
| | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (Ac | (Address) | | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | | | |
| PICK-UP | WAIT | MAIL | | | | | |
| (Bu | isiness Entity Nan | ne) | | | | | |
| | | | | | | | |
| (Do | ocument Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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WVS-3607

COVER LETTER

TO:

| TO: | Registration Section Division of Corporation | ns | | | | |
|--------|--|--|-------------------------------------|-----------|--|--|
| SUBJ | ECT: FLYING SOI | TWARE LABS, LLC | | | | |
| | | Name of | Limited Liability Co | mpany | | |
| | | reign Limited Liability Comp ed to register the above refer | | | | |
| Please | return all correspondence | concerning this matter to the | following: | | | |
| | JOHN E. | WOOTTON, ESQ | | | | |
| | | N | ame of Person | | | |
| | JOHN E. | WOOTTON, P.C. | | | | |
| | | F | irm/Company | | | |
| | 9035 SOU | TH 1300 EAST - SUIT | ΓE 250 | | | |
| | | | Address | | | |
| | | | | | | |
| | SANDY, U | UT 84094-3132 | tate and Zip Code | | | |
| | | Cityrs | tate and Zip Code | | | |
| | john@woo | otton.com | | | | |
| | | E-mail address: (to be use | d for future annual re | eport not | ification) | |
| For fu | rther information concerning | g this matter, please call: | | | | |
| | John Wootton | | 001 | 740 | 1040 | |
| | John Wootton | of Contact Person | at () Area Code | | 1868 time Telephone Number | |
| | | | | • | • | |
| | MAILING ADDRESS: | | | | ADDRESS: | |
| | Division of Corporations Registration Section Division of Corporations Registration Section | | | | | |
| | P.O. Box 6327 | | C | Clifton B | uilding | |
| | Tallahassee, FL 32314 | | | | ecutive Center Circle ee, FL 32301 | |
| Enclos | ed is a check for the follow | | | | | |
| | ■ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Certified Copy | Fee & | ☐ \$160.00 Filing Fee, Co of Status & Certified Cop | |
| | | | | | | |



RECEIVED JUL - 6 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2015

JOHN E. WOOTTON 9035 S 1300 E STE 250 SANDY, UT 84094-3132

SUBJECT: FLYING SOFTWARE LABS, LLC

Ref. Number: W15000038807

We have received your document for FLYING SOFTWARE LABS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 815A00011663

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:

| COMPANT TO TRANSACT BOX | BINESS IN THE STATE OF FLORIDA. | | |
|---|---|---|-------------------------------|
| 1. FLYING SOFTW | ARE LABS, LLC gn Limited Liability Company; must include " | Limited Liability Company," "L.L.C.," or | "LLC.") |
| (Hamo of Fores | gn sammed statemy company, much metade | annited and only every many, and and only on | , |
| (If name unavailable, enter alt Liability Company," "L.L.C," | ernate name adopted for the purpose of transac or "LLC.") | ting business in Florida. The alternate nar | ne must include "Limited |
| 2UTAH | 3. _4 | 5-3118087 | |
| (Jurisdiction under the law of company is organized) | of which foreign limited liability | (FEI number, if applicable |) |
| 23 7) | tration | | |
| 4. | (Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. | a, if prior to registration.) | _ |
| 5. 1871 LONGBRA | • | to determine pensary massing, | |
| J. IIIIIIIIIII | | | - |
| DRAPER, UT 84 | (Street Address of Principal O | itice | |
| 2 1971 LONCODAN | · | nice) | 三葉 オ |
| 6. <u>1871 LONGBRAN</u> | CH DK. | | - |
| DRAPER, UT 84 | 020 | | |
| | (Mailing Address) | | |
| 7. Name and street address | of Florida registered agent: (P.O. Box N | OT_acceptable) | H 99 |
| Name: | INCORP SERVICES, INC. | | · · |
| Office Address: | 17888 67TH COURT NORTH | | |
| | LOXAHATCHEE | , Florida 33470 | _ |
| D | (City) | (Zip code) | |
| this application, I hereby a with the provisions of all s | istered agent and to accept service of pro accept the appointment as registered agen tatutes relative to the proper and complet | t and agree to act in this capacity. I | further agree to comply |
| the obligations of my posit | | | 010 |
| | Sara Br | autigam on kehalfo | t Incomp Services, |
| | (Registered agent's | s signature) | |
| 8. The name, title or capac | city and address of the person(s) who has/h | ave authority to manage is/are: | |
| JACK M. GARZEL | LA, MANAGER 1871 LONGBR | ANCH DR., DRAPER, UT 8 | 4020 |
| REBECCA J. GARZ | ZELLA, MANAGER 1871 LONG | BRANCH DR., DRAPER, U | Т 84020 |
| | <u> </u> | , <u>, , , , , , , , , , , , , , , , , , </u> | <u> </u> |
| | Las ha Land | s in a foreign language, a translation o | |
| | Signature of an autho | rized person | |
| (In accordance with section | 605.0203, F.S., the execution of this docu | ment constitutes an affirmation under | the penalties of perjury that |

JACK M. GARZELLA

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third



Utah Department of Commerce

· Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

05/26/2015 8089094-016005262015-3142716

CERTIFICATE OF EXISTENCE

Registration Number:

8089094-0160

Business Name:

FLYING SOFTWARE LABS, LLC

Registered Date:

August 29, 2011

Entity Type:

LLC - Domestic

Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code