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SECONDIANOSSEE, HIOMBA



J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 705659 7532900

AUTHORIZATION : Oxpublication

COST LIMIT : \$'125.00

ORDER DATE: July 13, 2015

ORDER TIME : 12:48 PM

ORDER NO. : 705659-005

CUSTOMER NO: 7532900

#### FOREIGN FILINGS

NAME: SN 1372, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### 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. SN 1372, LLC	ign Limited Liability Company; must include "Limited Liabi	line Company " " I C " or	स <b>ा</b> भ
If name unavailable, enter alt Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business or "LLC.")	in Florida. The alternate nam	e must include "Limited
Delaware	3.	_	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine)	egistration.) penalty liability)	5 5 L
5. 2223 Wilton Park Driv	e		
Wilton Manors, FL 333	305		288 <b>年</b> 后
	(Street Address of Principal Office)		
5. 2223 Wilton Park Drive	e		<u>. 29</u>
Wilton Manors, FL 333			9: 57 STATE LOADD
	(Mailing Address)		سمر
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptal	ble)	
Name:	Aviation Professionals Group, Inc. c/o Rick Asper		
Office Address:	3000 NE 30th Place, Suite 107		
	Ft. Lauderdale	, Florida 33306	_
this application, I hereby	gistered agent and to accept service of process for the accept the appointment as registered agent and agree statutes relative to the proper and gomplete/pofforman	to act in this capacity. I j	further agree to comply
	(Registered agent's signature)		-
8. The name, title or capa James Torrey, Manager	acity and address of the person(s) who has/have authorit	ty to manage is/are:	
2223 Wikan Pa	it Dr.		
Wilton Manors, F	1 33305		
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be st</li> </ol>	of existence, no more than 90 days old, duly authentice of which it is organized. (If the certificate is in a foreignubmitted)  Signature of an authorized person	ated by the official having in language, a translation of	custody of records in the f the certificate under oath
the facts stated herein are	on 605.0203, F.S., the execution of this document constitute. I am aware that any false information submitted in	itudes an affirmation under a document to the Depart	the penalties of perjury that ment of State constitutes a third
degree felony as provided	James Torrey		. 4
	Typed or printed name of signee		- was

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "SN 1372, 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 THIRTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SN 1372, LLC." WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5783008 8300

151043582

AUTHENTYCATION: 2551388

DATE: 07-13-15

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