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<u>_</u>	WAIT	_		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AIR REPAIR FLORIDA, CLC Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o 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:					
THOMAS MCDERMOTT					
Name of Person					
Firm/Company					
95 FIESTA WAY					
FT LAUDERDALE FL 33301					
City/State and Zip Code HELIACADEMY @ GMAILO (OM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (S61) 346 2916 Area Code Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & \$\frac{1}{2}\$\$\$155.00 Filing Fee & \$\frac{1}{2}\$\$\$\$ Certificate of Status \$\frac{1}{2}\$\$\$ Certified Copy					

Air Repair Florida, LLC 95 Fiesta Way Ft Lauderdale, FL 33301

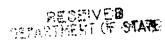
Division of Corporations Registration Section P O Box 6327 Tallahassee, FL 32314

I can be reached at 561-346-2816 or $\underline{HeliAcademy@gmail.com}$ if you have any questions.

Thomas McDermott, Manager

January 21, 2015





FLORIDA DEPARTMENT OF STATE Division of Comparation

April 28, 2015

THOMAS MCDERMOTT 95 FIESTA WAY FT. LAUDERDALE, FL 33301

SUBJECT: AIR REPAIR FLORIDA, LLC

Ref. Number: W15000030013

We have received your document for AIR REPAIR FLORIDA, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Salv Regulatory Specialist II

Letter Number: 015A00008699

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
1. AIR REPAIR FLORIDA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LL.C.")
2. DELACEARE 3. 4772392214 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 4/3/15
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 95 FIESTA WAY
5 95 FIESTA WAY FA LAUDERDALE FL 33301
(Street Address of Principal Office)
6
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/arg:
THOMAS MCDERMOTT - MGR
95 FIESTA WAY
FT. LAUDERDALE FL 33301
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
16
Signaturé of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
THOMAS MCDERMOTT
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	t the Limited Liability Compa	any is:	
	AIR REPAIR	2 FLORIDA, LLC	<u> </u>
If unavailable, t	the alternate to be used in the	state of Florida is:	
2. The name ar	nd the Florida street address o	of the registered agent and office are:	
THOMAS	McDEINVII95	FIESTA WAY	
	Florida Street Add	AUDERDALE FC ress (P.O. Box NOT ACCEPTABLE)	33301
		FL City/State/Zip	
liability compan registered agent statutes relating	ny at the place designated in th t and agree to act in this capa to the proper and complete p	o accept service of process for the ab his certificate, I hereby accept the app city. I further agree to comply with the erformance of my duties, and I am fa tered agent as provided for in Chapte	pointment as he provisions of all miliar with and
-	(Signat		15 JUL 29 SECRETAR TALLAHASS
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	29 PH 1: 44 ARY OF STATE ASSEE, FLORIDA

Delaware

PAGE 3

The First State

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

DELAWARE, DO HEREBY CERTIFY "AIR REPAIR FLORIDA, 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 SIXTEENTH DAY OF JULY, A.D. 2015.

5596383 8300

151047200

You may werify this certificate onlin

ACTURED TO A 25.6.2250

DATE: 07-16-15