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Certified Copies	_ Certificates	of Status			
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COVER LETTER

10.	Division of Corporation	is	i de la companya de l			
SUBJE	Boomerang, L.L.C.					
BODGE		Name of Limited Liability Company				
		eign Limited Liability Comp d to register the above refere				
Please re	eturn all correspondence c	oncerning this matter to the	following:			
	Elliot Mintzer					
	· · · · · · · · · · · · · · · · · · ·	N:	ame of Person			-
	Boomerang, L.I	L.C.				
	Firm/Company					
	131 Istoria Driv	re				
Address						-
	St. Augustine, I	FL 32095				
		City/S	tate and Zip Code			-
	emintzer@iflymy	sky.com				
		E-mail address: (to be used	for future annual	report not	ification)	-
For furth	ner information concerning	g this matter, please call:				
	Elliot Mintzer		904 at (404-8	108	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	-
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed	d is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsim \frac{1}{2} \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, O	





July 14, 2015

ELLIOT MINTZER
131 ISTORIA DRIVE
ST AUGUSTINE, FL 32095

SUBJECT: BOOMERANG, L.L.C. Ref. Number: W15000047068

We have received your document for BOOMERANG, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 215A00014670

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN ELORIDA

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: Boomerang, L.L.C. Beomerang L.L.C. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") -lorida. (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 "LLC.") Kansas (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 131 Istoria Drive St. Augustine, FL 32095 (Street Address of Principal Office) 131 Istoria Drive St. Augustine, FL 32095 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Elliot Mintzer Name: 131 Istoria Drive Office Address: St. Augustine Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Elliot Mintzer, Member/Manager 131 Istoria Drive St. Augustine, FL 32095 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

Elliot Mintzer

Typed or printed name of signee

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

1, 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: 3399706

Entity Name: BOOMERANG, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SEAN ELSNER

Registered Office: 222 OAK STREET, BONNER SPRINGS, KS 66012

was filed in this office on January 02, 2003, 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 affix the seal of the Secretary of State of the state of Kansas on this day of June 30, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 689058 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.