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| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | ; #) |
| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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W15-57019

COVER LETTER

| TO: Rep | gistration Section vision of Corporation | ns | | | | |
|------------------------------|--|--|--|---|--|--------------------------------|
| SUBJECT: | | ervices of Fort Lauderdale, | LLC | | | |
| | | Name o | f Limited Liability (| Company | | |
| The enclosed Existence, a | d "Application by For nd check are submitte | reign Limited Liability Con ed to register the above refe | npany for Authoriza erenced foreign limit | tion to Tra ed liability | nsact Business in Florida," Corpany to transact busines | ertificate of ss in Florida |
| Please return | 1 all correspondence of | concerning this matter to th | e following: | | | |
| | Ronald Pattie | | | | | |
| | | 1 | Name of Person | | | |
| | Skyfuel Aviation | on Services of Fort Lauder | dale, LLC | | | |
| | | | Firm/Company | | , | |
| | 300 S. Pine Isla | and Road, Suite 201 | | | | |
| | | | Address | | | |
| | Plantation, Flor | rida, 33324 | | | | |
| | · · · · · · · · · · · · · · · · · · · | City/ | State and Zip Code | | · · · · · · · · · · · · · · · · · · · | |
| | ron.pattie@skyft | uelaviation.com | | | | |
| | | E-mail address: (to be us | ed for future annual | report not | ification) | |
| For further i | nformation concernin | g this matter, please call: | | | | |
| Ro | onald Pattie | | 954 at (| 510-28 | 00 | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | |
| Div Reg P.C | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301 | |
| | a check for the follow \$125.00 Filing Fec | ving amount: \$\Bigsim \$130.00 \text{ Filing Fee & Certificate of Status}\$ | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Cert of Status & Certified Copy | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2015

RONALD PATTIE 300 S PINE ISLAND ROAD SUITE 201 PLANTATION, FL 33324 US

SUBJECT: SKYFUEL AVIATION SERVICES OF FORT LAUDERDALE, LLC

Ref. Number: W15000057019

We have received your document for SKYFUEL AVIATION SERVICES OF FORT LAUDERDALE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 215A00018131

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605 0002 FLORIDA STATUTES THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN HAMITED LARRING

| , | eign Limited Liability Company; m | nust include "Limi | ted Liability Company," "L,L,C,," or | "LLC.") | |
|--|--|--|--|----------------------|---|
| If name unavailable, enter al | | ose of transacting | business in Florida. The alternate nam | ne must include "l | Limited |
| Delaware | or tax.) | 47-471 | 7311 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | 3. <u>47-471</u> | (FEI number, if applicable) |) | |
| August 19, 2015 | | | | | |
| | (Date first transacted busic (See sections 605.0904 & 60 | ness in Florida, if 05.0905, F.S. to de | prior to registration.) etermine penalty liability) | _ | |
| Skyfuel Aviation Serv | ices of Fort Lauderdale, LLC | | | _ | |
| 300 S. Pine Island Roa | | | | _ | |
| 01 0 14 1 1 0 1 | (Street Address o | f Principal Office) |) | | |
| Skyfuel Aviation Servi | ces of Fort Lauderdale, LLC | · · · · · · · · · · · · · · · · · · · | | | |
| PO Box 10359, Pompa | no Beach, Florida 33060 | | | _ ≧:: 5 | |
| | (Mailing | g Address) | | SE SE | · ujne |
| . Name and street addres | ss of Florida registered agent: (| P.O. Box NOT | acceptable) | P2I | ero anson erasi eras |
| Name: | John Gassett | | | | 1717 |
| Office Address: | 2517 SE 14 Street | | | PM 4: Of ST | O |
| | Pompano Beach | | , Florida 33062 | 9815 9815 9815 | |
| | (City) | | (Zip code) | D | |
| Registered agent's accep <i>Javing been named as re</i> | | | d agree to act in this capacity. I | further agree to | comply |
| daving been named as re his application, I hereby with the provisions of all he obligations of my posi 8. The name, title or capa | statutes relative to the proper a ition as registered agent. (Reginally and address of the person) | istered agent's sig | nature) authority to manage is/are: | - | |
| daving been named as re his application, I hereby with the provisions of all he obligations of my posi 8. The name, title or capa | statutes relative to the proper a ition as registered agent. | istered agent's sig | nature) | - | |
| Having been named as rethis application, I hereby with the provisions of all the obligations of my positions. The name, title or capallohn W. Gassett, 2517 SE | statutes relative to the proper a ition as registered agent. (Reginally and address of the person) | istered agent's signs, who has/have orida 33062 | nature) authority to manage is/are: | - | |
| Having been named as rethis application, I hereby with the provisions of all the obligations of my positive of the name, title or capallohn W. Gassett, 2517 SERonald F. Pattie, 141 SE | Region as registered agent. (Region and address of the person) Region (14 Street, Pompano Beach, Florida and Region) | istered agent's signs) who has/have orida 33062 — | nature) authority to manage is/are: | - | |
| Having been named as rethis application, I hereby with the provisions of all the obligations of my positive of the obligations of my positive of the obligations of the obligation of the | Registred agent. Registred agent. | istered agent's significant and significant an | authority to manage is/are: PRESIDENT / MAR NICE PRESIDENT / SCRETTON NICE PRESIDENT / MAR Athenticated by the official having a foreign language, a translation o | custody of reco | |

Typed or printed name of signee

Ronald F Pattie

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "SKYFUEL AVIATION

SERVICES OF DENVER, LLC", CHANGING ITS NAME FROM "SKYFUEL

AVIATION SERVICES OF DENVER, LLC" TO "SKYFUEL AVIATION SERVICES

OF FORT LAUDERDALE, LLC", FILED IN THIS OFFICE ON THE

TWENTY-FIRST DAY OF JULY, A.D. 2015, AT 5:09 O'CLOCK P.M.

5705333 8100

151076494

AUTHENTY CATION: 2577074

DATE: 07-21-15

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