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DATE:

10/9/15

NAME:

ELITE AERO GROUP LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

SUBJECT:	Elite A	vero Group LLC		,
SUBJECT:	Name of	Limited Liability Company		
The enclosed "Application by F Existence, and check are submi	oreign Limited Liability Comp tted to register the above refer	pany for Authorization to Tre enced foreign limited liability	ansact Business in Flori y company to transact b	da," Certificate o usiness in Florida
léase return all correspondenc	e concerning this matter to the	following:		
	Joann	е Н. МсКеппа		
	N	ame of Person		
	Hinckley,	Allen & Snyder LLP		
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	28	State Street		~,o 📆
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		@hinckleyallen.com		
or further information concern		d for future annual report not	ification)	12 MILE 25
Joan:	ne H. McKenna	at ()	378-4294	<u></u>
Nam	of Contact Person	Area Code Day	time Telephone Number	er
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations ion Section Building ceutive Center Circle see, FL 32301	
Enclosed is a check for the following Fee	Dwing amount: \$\Boxed{\Boxes} \\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$	☐ \$155.00 Filing Pee & Certified Copy	☐ \$160.00 Filing Fee of Status & Certified	

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: Blite Aero Group 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 "LLC.") New York (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) 20 Cedar Lane, Setauket, NY 11733 (Street Address of Principal Office) 20 Cedar Lane, Setauket, NY 11733 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation , 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 NRAI SERVICE 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 20 Cedar Lane, Setauket, NY 11733 Robert E. Hansen Managing Member 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) were 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. Robert E. Hansen Typed or printed name of signee

State of New York Department of State } ss

I hereby certify, that ELITE AERO GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/09/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of October two thousand and fifteen.

Anthony Giardina
Executive Deputy Secretary of State

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