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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP WAIT MAIL WIG-WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	energy and the second s
	MAR 3 0 2016 J. CAUSSEAUX

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COVER LETTER

TO: **Registration Section**

Division of Corporations 1.5

DATA SYSTEMS, LLC Name of Limited Liability Company SUBJECT: <u>FLIGHT</u>

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

DAVID VESTEALL Name of Person HERNDEN, TRAPP 4 WIESTFALL, LLC Firm/Company 26 TH STREET WEST Addross 4702 BRADENTON FL 34207 City/State and Zin Code WESTFALL CPA & YAHOO . COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NESTFALL at (941) 739-6066 Name of Contact Person Area Code Daytime 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 is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee &

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

▶ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2016

DAVID WESTFALL HERNDEN, TRAPP & WESTFALL, LLC 4702 26TH STREET WEST BRADENTON, FL 34207

SUBJECT: FLIGHT DATA SYSTEMS, LLC Ref. Number: W16000020974

We have received your document for FLIGHT DATA SYSTEMS, LLC and your check(s) totaling \$160.00. 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), AuthorizedPerson (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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 016A00005741

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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. <u>FLIGHT DATA SYSTEMS</u> LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
<u>FLIGHT DATA</u> SYSTEMS AU, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate m Liability Company," "L.L.C," or "LLC.")	ame must include "Limited
2. <u>STATE OF ARIZONA USA</u> (Jurisdiction under the law of which foreign limited liability company is organized) 3. <u>46-2909999</u> (FEI number, if applicab	le)
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 6497 PARKLAND DRIVE, SUITEP	
SARASOTIA IEL 34243 (Street Address of Principal Office)	
6. 6497 PARKLAND DRIVE, SUITE P	16 MAR
SARASOTA FL 34243 (Mailing Address)	- IN 30
7. Name and street address of Florida registered agent: (P.O. Box NOT_acceptable)	The P VA
Name: DAVID WESTEALL	I:26
Office Address: 4702 26 TH STREET WEST	ATE AND P
BRATENTON, Florida 34207 (City) (Zip code)	,

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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:

WILLIAM	BRANKI	<u>x M</u>	ANAGER	(MGF	ζ)
	PARKLANE	-		-	·
SARASOT	A FL	34243			

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 3-18-16

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.

DAVID WESTFALL Typed or printed name of signee

