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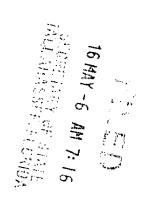
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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MAY 11 2016 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2016

DORCAS TROCHE RCG ACCOUNTING & ASSOCIATES, INC. 9000 SHERIDAN ST, STE. 138 PEMBROKE PINES, FL 33024

SUBJECT: AERO SYSTEM, LLC Ref. Number: W16000032239

We have received your document for AERO SYSTEM, 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.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00009067

COVER LETTER

	Registration Section Division of Corporati	ons				
SUBJEC	AERO SYSTEM	LLC				
SCHOLC		Name of	Limited Liability	Company		-
		oreign Limited Liability Comp ted to register the above refer				
Please ret	urn all correspondence	e concerning this matter to the	following:			
	DORCAS TR	осне				
		N	ame of Person			•
	RCG ACCO	JNTING & ASSOCIATES, II	NC.			
Firm/Company						•
	9000 SHERII	DAN STREET SUITE 138				
Address						•
	PEMBROKE	PINES, FL 33024				
		City/S	tate and Zip Code			
	DTROCHE@E	BELLSOUTH.NET				
		E-mail address: (to be used	d for future annua	report not	ification)	•
For furthe	r information concern	ing this matter, please call:				
I	OORCAS TROCHE		954 at (862-222	22	
_	Name	of Contact Person	Area Code	Day	time Telephone Number	•
I R P	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Fallahassee, FL 32314	ns .		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	is a check for the follo ■ \$125.00 Filing Fee	wing amount: \$\square\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filit Certified Copy	_	□ \$160.00 Filing Fee, C of Status & Certified Co	

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:

f name unavailable, enter a ability Company," "L.L.C,	Iternate name adopted for the purpor " or "LLC.")	se of transacting busine	ess in Florida. The alternate n	ame must	include	"Limite
DELAWARE	,	47-4892991				
	of which foreign limited liability	J	(FEI number, if applicab	le)		
04/01/2016						
	(Date first transacted busin (See sections 605.0904 & 605	ness in Florida, if prior t	o registration.)	_		
2750 NE 183 STREET		3.0300, 1 .5. to determin	ie penany naomity,			
AVENTURA, FL 3310	50 (Street Address of	Principal Offica)				,
2750 NE 183 STREET	•	rincipal Office)		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	-	
AVENTURA, FL 331		A 13		_5.34		5 0
	•	g Address)		production of the control of the con	5	,
Name and street address	ss of Florida registered agent: (P	O. Box NOT accep	table)			12311000
Name:	ALDANA N LA TORRE		_	93 33	-:-	41
Office Address:	2750 NE 183 ST APT 610				5	
•	AVENTURA		, Florida <u>33160</u>	•••		
	(City)		, Florida(Zip code)	_		
signated in this applica complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis	ntment as registered o proper,and complet	agent and agree to act in the performance of my duting the second of the	his capa	city. I	further
•		Nuclear had been and be	rity to manage is/are:			
The name, title or capa D FLY, LLC - MGRM	acity and address of the person(s)) who has/have autho				
•) who has/have autho				
D FLY, LLC - MGRM		y who has/have autho		- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		

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.

ALDANA N. LA TORRE

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AERO SYSTEM 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 EIGHTEENTH DAY OF APRIL, A.D. 2016.

5809770 8300

SR# 20162312770

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

Jaffrey W. Biglioco, Secretary of State

Authentication: 202153363

Date: 04-18-16