### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878~5368

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#### Foreign Limited Liability Company Southeast Business Aviation, LLC

Certificate of Status	1
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AUG 0 9 2016

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#### COVER LETTER

TO: Registration Section Division of Corporations	
Southeast Busines	ss Aviation, LLC
Name o	of Limited Liability Company
	ity Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Plorida
Please return all correspondence concerning this matter	er to the following:
Jessica Hill	
	Name of Person
Prometheus Par	tners, LP
	Firm/Company
520 D Street, Su	ite C
	Address
Clearwater, FL 3	3756
	City/State and Zip Code
jhill@theborder.c	o be used for future annual report natification)
For further information concerning this matter, please	
Jessica Hill	Area Cade Only Only dime Telephane Number
Name of Contact Person	Area Cade Daydine Telephane Number
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  \$\Bigsir \text{\$\text{5125.00 Filing Fee}}\$  Certifleste of States	Ree & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

## 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

Southeast Business Aviation, LLC     (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")
traine of Poleign Entired Calonity Company, mass metade Empleo Industry Company, Edw., in Elic. 7
(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,")
2. Delaware 3. 46-3330605
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine paralty liability)
5. 520 D Street, Suite C
Clearwater, FL 33756
(Street Address of Principal Office)
6. 520 D Street, Suite C
Clearwater, FL 33756
(Malling Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Nicholas Peters, Manager
520 D Street, Suite C
Clearwater, FL 33756
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Bignature of an authorized person (In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of parjuty that the facts stated herein are true aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in \$ 917.155, F.S.)
Nicholas Peters
Typed or printed name of signee

1. The name of the Limited Liability Company is:

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Southe	ast Business	Avia	tion, LLC	
Munavailable	e, the alternate to be u	sed in the	e state of Florida is:	
2. The name	and the Florida street	address	of the registered agent and office a	re;
	CT Corpor	ation	System	
			(Name)	
	1200 Sout	h Pin	e Island Road	
	Florida	Street Add	ireas (P.O. Box NOT ACCEPTABLE)	<del></del>
	Plantation		33324 FL	
	·		City/State/Zip	
liability comp registered ago statutes relati	any at the place designent and agree to act in ing to the proper and c	nated in t this capa omplete p	Special (	ippointment as h the provisions of all familiar with and
	5	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agen Certified Copy (optional) Certificate of Status (optional)	TARY OF STATE

# Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOUTHEAST BUSINESS AVIATION, 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 TWENTY-SECOND DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5376445 8300
SR# 20165040738
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202707760

Date: 07-22-16