# M1700002191

| (Requestor's Name)                      |                     |                 |  |  |
|---|---------------------|-----------------|--|--|
| (Address)                               |                     |                 |  |  |
| (Address)                               |                     |                 |  |  |
| (C                                      | ity/State/Zip/Phone | <del>e #)</del> |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL            |  |  |
| (Business Entity Name)                  |                     |                 |  |  |
| (Document Number)                       |                     |                 |  |  |
| Certified Copies                        | Certificates        | of Status       |  |  |
| Special Instructions to Filing Officer: |                     |                 |  |  |
|   |                     | ,               |  |  |
|   |                     |                 |  |  |
|   |                     |                 |  |  |
|   |                     |                 |  |  |

Office Use Only



200296705832

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DEPARTMENT OF STATE FILL

LLAHASSEE FLORING

NAR 16 2017

#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com



"Serving your success"

Excellence in Corporate Services Since 1972

#### **ORDER FORM**

TO Florida Department of State

Division of Corporations, Clifton

Building

2661 Executive Center Circle

Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 3/15/2017

**PRIORITY** Routine

OUR REF. # (Order ID#) 563917

ORDER ENTITY

MB AIRCONCESSIONS, LLC

### PLEASE PERFORM THE FOLLOWING SERVICES:

MB AIRCONCESSIONS, LLC (FL)

File the attached foreign qualification document

NOTES:

Email address for annual report notifications: VIngram@manatt.com

RETURN/FORWARDING INSTRUCTIONS:

If you should have any questions, please contact me at 656.7956.

Best regards,

Client Services Representative

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Page 1 of 1

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Fore  | gn Limited Liability Company; must inc   | lude "Limited Liability Company," "L.I.  | C.," or "LLC.")   |
|--|--|--|---|
| f name unavailable, enter alt<br>jability Company," "L.L.C," | ernate name adopted for the purpose of or "LLC.")  | transacting business in Florida. The alter   | nate name must include "Limited   |
| Delaware   |  | 3. 82-0786402  |   |
| (Jurisdiction under the law company is organized)            | of which foreign limited liability   | (FEI number, if ap   | plicable)   |
| •  | (Date first transacted business in   | Florida, if prior to registration.   | <u></u>   |
| 982 Crestview Circle   | (See sections 603.0904 & 603.090   | 5, F.S. to determine penalty liability)  |   |
| . Joz Ciestylew Citele                                       |  |  | - <del> </del>  |
| Weston, FL 33327   |  |  | ZOI HAN   |
| ***************************************                      | (Street Address of Prince  | ipal Office)   |   |
| 982 Crestview Circle   |  |  | 00 J  |
|  |  |  | m <sub>e</sub>  |
| Weston, FL 33327   | (Mailing Add   | race\  |   |
|  | (Maning Aud  | icss)  | 8: 2 <b>5</b><br>  0RIB   |
| . Name and street address                                    | ss of Florida registered agent: (P.O.  | Box NOT acceptable)  | 25<br>25  |
| Name:  | Incorporating Services, Ltd.   |  | ) <sup>2</sup>  |
| Office Address:  | 1540 Glenway Drive .   |  |   |
|  | Tallahassee  | , Florida 32301  |   |
|  | (City)   |  | eode)   |
| lesignated in this applica<br>to complywith the provisi      | gistered agent and to accept service<br>tion, I hereby accept the appointme<br>ons of all statutes relative to the pro<br>my position as registered agent. | of process for the above stated limit as registered agent and agree to oper and complete performance of not agent's signature) | act in this capacity. I further agree<br>ny duties, and I am familiar with an |
| O The same tisle as on                                       |  |  |   |
| •  | ectly and address of the person(s) with 2932 Xenia Street Denver, CO 802   | no has/have authority to manage is/ar  | <b>c</b> .  |
| Ody A. Durke, Manager  | 2372 Achia Succi Denver, CO 302  |  |   |
|  | of which it is organized. (If the cert   | old, duly authenticated by the official ificate is in a foreign language, a tran   |   |
| This document is execute submitted in a document (           | d in accordance with section 605.020 to the Department of State constitutes  | 03 (1) (b), Florida Statutes. I am awai<br>s a third degree felony as provided fo  | re that any false information r in s.817.155, F.S.                            |
|  | Gay A. Burke   |  |   |

Typed or printed name of signee

Page 1

# <u>Delaware</u>

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

DELAWARE, DO HEREBY CERTIFY "MB AIRCONCESSIONS, 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 FIFTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MB

AIRCONCESSIONS, LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D.

2017.

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

Authentication: 202199206

Date: 03-15-17

6342620 8300 SR# 20171781250