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SECRETARY OF STATE
TALLAHASSEE, FLORIO,
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TALLAHASSEE, FLORIO,
TALLAHASSEE, FLORIO,

MAY 0 1 2017 S. YOUNG

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Safe Aviation Leasing LLC

Name of Limited Liability Company

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:

Michael J Ciavardone

Name of Person

Safe Aviation Leasing LLC

Firm/Company

PO Box 7336

Address

Lakeland, Florida 33807

City/State and Zip Code

safeaviationleasing@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J Ciavardone

863

660-1213

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

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:

* 111 . 1			y Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate n		orida The a	Iternate name must include "Limited Li	ability Company," "L.L.C," or "LLC.")
Delaware	. , , ,	2	38-4035363	
	hich foreign limited liability company is organized)	٥,		nber, if applicable)
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration	i.) liability)	
3511 Silverside Road, Suite 105		6.	PO Box 7336	
(Street Address of Principal Office) Wilmington, DE (USA) 19810			(Mailing Ad	dress)
wilmington, DE (US	A) 19810		Lakeland, Fl 33807	
				-
Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	accentable)	THE CAP
rvame and street addres		· <u>1101</u>	icceptable)	PR S
Name:	Michael J Ciavardone			28
	6908 Wildberry Lane			APR 28 PH 11: 52
	Lakeland		, Florida_33813	7
(City)			Zip co	de) de)
• -	•		implete perjormance of my	aunes, and 1 am jaminar w
• -	s of my position as registered agent.		mpiete perjormance of my	uuues, ana 1 am jamnur w
• -	•		mpiete performance of my	duties, and I am familiar w
d accept the obligation	Michael J Ciavardone (Registered agent's	signature)		uuues, ana 1 am jammar w
nd accept the obligation	s of my position as registered agent. Michael J Ciavardone	signature) as/have :		Name and Address:
The name, title or capa	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have a not and Address:	signature) as/have :	authority to manage is/are:	
The name, title or capa	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone Michael J Ciavardone	signature) as/have :	authority to manage is/are:	
The name, title or capa	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone	signature) as/have :	authority to manage is/are:	
The name, title or capa	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone Michael J Ciavardone	signature) as/have :	authority to manage is/are:	
The name, title or capa	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone Michael J Ciavardone	signature) as/have :	authority to manage is/are:	
The name, title or capa Title or Capacity: Managing Member	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone PO Box 7336 Lakeland, FI 33807	signature) as/have :	authority to manage is/are:	
The name, title or capa Title or Capacity: Managing Member	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone PO Box 7336 Lakeland, FI 33807	signature) as/have :	authority to manage is/are:	
The name, title or capa Title or Capacity: Managing Member Use attachments if neces	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone PO Box 7336 Lukeland. Fl 33807	as/have : Ti	authority to manage is/are: tle or Capacity: thenticated by the official h	Name and Address:
The name, title or capa Title or Capacity: Managing Member Jse attachments if neces Attached is a certificate risdiction under the law	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone PO Box 7336 Lukeland. Fl 33807 essary) e of existence, no more than 90 days old, of which it is organized. (If the certificate	as/have : Ti	authority to manage is/are: tle or Capacity: thenticated by the official h	Name and Address:
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The name, title or caparative or Capacity: Managing Member Use attachments if neces Attached is a certificate risdiction under the law the translator must be seen	Michael J Ciavardone (Registered agent's acity and address of the person(s) who have and Address: Michael J Ciavardone PO Box 7336 Lakeland, Fl 33807 essary) e of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	duly aute is in a	authority to manage is/are: tle or Capacity: thenticated by the official h foreign language, a transla	Name and Address: aving custody of records in the certificate under one of the certificate under one o

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael J Ciavardone

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFE AVIATION LEASING 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 TWENTIETH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFE AVIATION LEASING LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2017.

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

6319563 8300 SR# 20172654346



Authentication: 202405277

Date: 04-20-17