## M17000004770

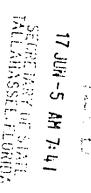
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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May 23, 2017

JOAN PETERS 1001 JUPITER PARTK DR #128 JUPITER, FL 33458

SUBJECT: FLY EXECUTIVES US LLC Ref. Number: W17000043926

We have received your document for FLY EXECUTIVES US 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):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 017A00010361

28H JUN -5 AM II: 88

## **COVER LETTER**

TO: Registration Section Division of Corporation	ıs		
SUBJECT: Fly Execu	utive US LLC		
SUBJECT.		Limited Liability Compar	ny
			Transact Business in Florida," Certificate of ility company to transact business in Florida
Please return all correspondence of	concerning this matter to the	following:	
Joan P	eters		
	N	ame of Person	
Busine	ss Aviation L	aw Group F	PLLC
	Fi	rm/Company	
1001 J	upiter Park D	rive #128	
		Address	
Jupiter	, FL 33458		
	City/S	tate and Zip Code	
entities(	@businessav	riationlawgr	oup.com
<del></del>	E-mail address: (to be used	for future annual report	notification)
For further information concerning	g this matter, please call:		
Joan Peter	s	888 ,66	61-3223
Name o	of Contact Person	_ \	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314		Divisi Regis Clifto 2661	cet Address: on of Corporations tration Section n Building Executive Center Circle nassee, FL 32301
Enclosed is a check for the follows \$125.00 Filing Fee	ring amount:  \$\sum_\$130.00 Filing Fee &  Certificate of Status	S155.00 Filing Fee 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:

(Name of Foreign	Limited Liability Company; must include "Limi	nod Educiny Company, E.E.C., or EEC	.")
name unavailable, enter alternate n	uame adopted for the purpose of transacting business in F		Liability Company," "L.L.C." or "LLC.")
Delaware		<sub>3.</sub> 81-2074970	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI m	mber, if applicable)
·			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605 0905, F.S. to deter	to registration.) mine penalty liability)	
8 The Green, Ste		6. 8 The Green, Ste F	<u> </u>
(Street Address of Dover, DE 1990)		(Mailing A Dover, DE 19901	ddress)
		<del>20101, 22 10001</del>	
	ss of Florida registered agent: (P.O. Bo  David Mendal	ox <u>NOT</u> acceptable)	
Name:			
Office Address:	2440 NE Miami Gardens Dr. Suite	107	
	N. Miami	, Florida 33180	
	(City)		<del></del>
laving been named as re esignated in this applica comply with the provis	stance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope	f process for the above stated limit as registered agent and agree to a	ct in this capacity, I further ag
laving been named as re esignated in this applica comply with the provis	stance: egistered agent and to accept service of stion, I hereby accept the appointment	f process for the above stated limit as registered agent and agree to a	ed liability company at the plac ct in this capacity. I further ago
laving been named as re esignated in this applica o comply with the provis	stance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope	f process for the above stated limit as registered agent and agree to a er and complete performance of m	ed liability company at the plac ct in this capacity. I further ago
laving been named as re esignated in this applica o comply with the provis nd accept the obligation	stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered ocent.  (Registered agent	f process for the above stated limit as registered agent and agree to a er and complete performance of m	ed liability company at the place of in this capacity. I further agrey duties, and I am fafailiar with
laving been named as re esignated in this applica o comply with the provis nd accept the obligation	stance: egistered agent and to accept service of etion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered or ent.	f process for the above stated limit as registered agent and agree to a er and complete performance of m	ed liability company at the place of in this capacity. I further agrey duties, and I am fafailiar with
laving been named as re esignated in this applica o comply with the provis nd accept the obligation 3. The name, title or cap	stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered or ent.  (Registered agent acity and address of the person(s) who	f process for the above stated limit as registered agent and agree to a er and complete performance of m 's signature)' has/have authority to manage is/are	ed liability company at the place of in this capacity. I further ag y duties, and I am fafailiar with
laving been named as re lesignated in this applica to comply with the provise and accept the obligation.  3. The name, title or caps Title or Capacity:	plance:  agistered agent and to accept service of  ation, I hereby accept the appointment  ions of all statutes relative to the prope  s of my position as registered or ent.  (Registered agent  acity and address of the person(s) who I  Name and Address:  David Mendal  2440 NE Miami Gardena Dr. Sta 107	f process for the above stated limit as registered agent and agree to a er and complete performance of m 's signature)' has/have authority to manage is/are	ed liability company at the place of in this capacity. I further ag y duties, and I am fafailiar with
lesignated in this applicate comply with the provisional accept the obligation.  3. The name, title or capt Title or Capacity:	stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered or ent.  (Registered agent acity and address of the person(s) who in the standard mental i	f process for the above stated limit as registered agent and agree to a er and complete performance of m 's signature)' has/have authority to manage is/are	ed liability company at the place of in this capacity. I further ag y duties, and I am fafailiar with
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laving been named as re esignated in this applica to comply with the provisi and accept the obligation.  3. The name, title or caps Title or Capacity:	plance:  agistered agent and to accept service of  ation, I hereby accept the appointment  ions of all statutes relative to the prope  s of my position as registered or ent.  (Registered agent  acity and address of the person(s) who I  Name and Address:  David Mendal  2440 NE Miami Gardena Dr. Sta 107	f process for the above stated limit as registered agent and agree to a er and complete performance of m 's signature)' has/have authority to manage is/are	ed liability company at the place of in this capacity. I further ag y duties, and I am fafailiar with
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation.  3. The name, title or capa Title or Capacity: Manager	egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered or ent.  (Registered agent accity and address of the person(s) who is name and Address:  David Mendal  2440 NE Miami Gardena Dr. Sta 107 N. Miami, Fl. 33180	f process for the above stated limit as registered agent and agree to a er and complete performance of m 's signature)' has/have authority to manage is/are	ed liability company at the place of in this capacity. I further ag y duties, and I am fafailiar with
laving been named as relesignated in this applicate to comply with the provisind accept the obligation.  3. The name, title or capa Title or Capacity:  Manager  Use attachments if neces.	stance:  egistered agent and to accept service of the propertion, I hereby accept the appointment tions of all statutes relative to the property of my position as registered or ent.  (Registered agent accept agent accity and address of the person(s) who have and Address:  David Mendal  2440 NE Milarii Gardena Dr. Sta 107  N. Milarii, Fl. 33180  sary)  of existence, no more than 90 days old of which it is organized. (If the certification of the property of the certification of the property	f process for the above stated limit as registered agent and agree to a er and complete performance of m 's signature)' has/have authority to manage is/are Title or Capacity:	ed liability company at the place of in this capacity. I fusiher agree y duties, and am fafailiar with Name and Address:
laving been named as relesignated in this applicate to comply with the provisind accept the obligation.  3. The name, title or capa Title or Capacity:  Manager  Use attachments if neces  Attached is a certificate urisdiction under the law	stance:  egistered agent and to accept service of the propertion, I hereby accept the appointment tions of all statutes relative to the property of the proper	f process for the above stated limit as registered agent and agree to a er and complete performance of m 's signature)' has/have authority to manage is/are Title or Capacity:	ed liability company at the place of in this capacity. I fusiher agree y duties, and am fafailiar with Name and Address:

Typed or printed name of signor

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLY EXECUTIVE US 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 TWELFTH DAY OF MAY, A.D. 2017.

6007504 8300 SR# 20172952266 Authentication: 202530182

Date: 05-12-17