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SECRETARY OF STATE

K. SALY JUN 16 2017

COVER LETTER

TO: 'Registration Section Division of Corporations	
SUBJECT: Surf Airlines, LLC	
Name of Limited Liability Compa	ny
The enclosed "Application by Foreign Limited Liability Company for Authorization to Existence, and check are submitted to register the above referenced foreign limited liab	
Please return all correspondence concerning this matter to the following:	
Mr. Steven Harfst, President &	CEO
Name of Person	
Encompass Aviation, LLC	
Firm/Company	
303 W. Lancaster Avenue #25	7
Address	7 - A
Wayne PA 19087	
City/State and Zip Code	
secretary@encompassaviation.	com
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please call:	
Joseph Marotta, VP Finance at 561	47-1563
Name of Contact Person Area Code	Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Divis Regis Regis 2661	EET ADDRESS: ion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	& = \$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:

	Limited Liability Company; must include	Timited Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate i	name adopted for the purpose of transacting busine	ss in Florida. The alternate name must include "Limited Liability Company.	""L.L.C." or "LLC.")
State of Delaware	ı	_{3.} 81-4248306	
(Jurisdiction under the law of w	hich foreign limited liability company is organized		:)
May 15, 2017			
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration.) determine penalty liability)	
303 W. Lancaste	r Avenue #257	6 303 W. Lancaster Avenue #2	257
(Street Address of	· · · · · · · · · · · · · · · · · · ·	(Mailing Address)	
Wayne PA 19087		Wayne PA 19087	
	——————————————————————————————————————		D.O.
		•	500 5
Name and street address	ss of Florida registered agent: (P.O	. Box NOT acceptable)	芸艺
Name:	Joseph A. Marotta		
	12220 Equipa Lana		W. C.
Office Address:	12329 Equine Lane		55
	Wellington	, Florida 33414	196
egistered agent`s accep	(City)	(Zip code)	42
signated in this applica comply with the provisi	ition, I hereby accept the appointm ions of all statutes relative to the p	e of process for the above stated limited liability co ent as registered agent and agree to act in this cap roper and complete performance of my duties, and	acity. I further
esignated in this applical comply with the provisi	ition, I hereby accept the appointm	ent as registered agent and agree to act in this cap roper and complete performance of my duties, and	acity. I further
esignated in this applical comply with the provisi	ntion, I hereby accept the appointmions of all statutes relative to the position as registered agen	ent as registered agent and agree to act in this cap roper and complete performance of my duties, and	acity. I further
signated in this applica comply with the provisi id accept the obligation.	tion, I hereby accept the appointmions of all statutes rolative to the position as registered agent (Registered)	rent as registered agent and agree to act in this cap roper and complete performance of my duties, and agent's signature.	acity. I further
signated in this applica comply with the provisi ad accept the obligation.	tion, I hereby accept the appointmions of all statutes rolative to the position as registered agent (Registered)	rent as registered agent and agree to act in this cap roper and complete performance of my duties, and agent's signature. The has/have authority to manage is/are:	acity. I further
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exignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: President &CEC	ition, I hereby accept the appointmions of all statutes relative to the pis of my position as registered agent (Registered acity and address of the person(s) was and Address: Steven Harfst All Timber Lang Newton Square PA 19073	rent as registered agent and agree to act in this cap roper and complete performance of my duties, and agent's signature. The has/have authority to manage is/are: Title or Capacity: Name a	acity. I further I am familiar ×
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signated in this application of the name, title or capacity: President &CEC Managing Member	intion, I hereby accept the appointmins of all statutes relative to the puss of my position as registered agent (Registered agent acity and address of the person(s) was not and Address: Steven Harfst 411 Timber Lang Newton Square PA 19073 Encompass Aviation, L 300 W. Lancaster Avenue #257 Wayne PA 19087	rent as registered agent and agree to act in this cap roper and complete performance of my duties, and agent's signature. The has/have authority to manage is/are: Title or Capacity: Name a	acity. I further I am familiar ×
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signated in this applicate comply with the provision of accept the obligation. The name, title or capatitle or Capacity: President &CEC Managing Member Jise attachments if necessary acception of the capacity of the cap	intion, I hereby accept the appointminns of all statutes relative to the push of my position as registered agent (Registered agent acity and address of the person(s) was not and Address: Steven Harfst 411 Timber Lane Newton Square PA 19073 Encompass Aviation, L 303 W. Lancaster Avenue #257 Wayne PA 19087 Sary) of existence, no more than 90 days of which it is organized. (If the cert abmitted)	cent as registered agent and agree to act in this cap roper and complete performance of my duties, and the complete performance of my duties and the complete performance of my duties and the complete performance of my duties are complete performance of my duties.	acity. I further I am familiar wonder Ind Address:
esignated in this applicate comply with the provisional accept the obligation. The name, title or caparity: President &CEC Managing Member Use attachments if necessary acceptions.	intion, I hereby accept the appointminns of all statutes relative to the push of my position as registered agent (Registered agent acity and address of the person(s) was not and Address: Steven Harfst 411 Timber Lane Newton Square PA 19073 Encompass Aviation, L 303 W. Lancaster Avenue #257 Wayne PA 19087 Sary) of existence, no more than 90 days of which it is organized. (If the cert abmitted)	cent as registered agent and agree to act in this cap roper and complete performance of my duties, and the has/have authority to manage is/are: Title or Capacity: Name a	acity. I further I am familiar v nd Address:

Typed or printed name of signer

Steven Harfst

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SURF AIRLINES 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 EIGHTH DAY OF JUNE, A.D. 2017.

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





6192772 8300 SR# 20174654445 Authentication: 202676432

Date: 06-08-17