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N. CAUSSEAUX JUL 2 6 2017

COVER LETTER

TO: Registration Division of	a Section Corporation	\$		
SUBJECT: Wig	FO-LL	\$		
SUBJECT.		Name of	Limited Liability Company	<u> </u>
				ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return all corre	espondence co	oncerning this matter to the	following:	
V	Vill Gro	OSZ		
		N.	ame of Person	
L	ead A	viation LLC		
		Fi	rm/Company	
3	67 Mid	chelangelo D	r	
			Address	
C)sprey	, Florida 342	29	
	_ 		tate and Zip Code	···
wi	II@wig	grollc.com		
		E-mail address: (to be used	d for future annual report no	otification)
For further information	on concerning	this matter, please call:		
	Name of	Grave F Contact Person	at (<u>937</u>) <u>9</u> Area Code Da	77-596/ ytime Telephone Number
MAILING Division of 0 Registration P.O. Box 63 Tallahassee,	Corporations Section 27		Divisior Registra Clifton I 2661 Ex	T ADDRESS: I of Corporations Ition Section Building ecutive Center Circle Issee, FL 32301
Enclosed is a check for \$125.00 F		ng amount: \$\int \frac{5}{130.00}\$ Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

7

June 22, 2017

WILL GROSZ LEAD AVIATION LLC 367 MICHELANGELO DRIVE OSPREY, FL 34229

SUBJECT: LEAD AVIATION LLC Ref. Number: W17000051991

We have received your document for LEAD AVIATION LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Letter Number: 817A00012699

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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:

Ohio	(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")	
Distriction under the low of which foreign limited limitity company to organized. N/A (that first transaction houses, in Florida, if provi to registration) (Serve claims off Principal Officer) (Street Address of Florida registered agent: (P.O. Box NOT acceptable) Name: Will Grosz Office Address: 367 Michelangelo Dr Osprey (Argy) (Argy	fname unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alt	ernate name must include "Limited Lial	oility Company," "L.L.C," or "LLC.")
Complete the law of which forego homed labelity company is arganized. N/A (The first transacted homes in Florida. If provi to registration.) (See vections 605,1994 (c. ods 1995, F.S. to determine perulty failules) 367 Michelangelo Dr (Street Address of Principal Office) Osprey, F. J. 34229 (Nating Address) Name: Will Grosz Office Address: 367 Michelangelo Dr Osprey Osprey Osprey Osprey Florida 34229 (Apposite address) Registered agent and to accept service of process for the above stated limited liability company at the presignated in this application. I hereby accept the appointment as registered agent and upree to act in this capacity. I further or comply with the provisions of all statutes pelative to the proper and domplete performance of my duties, and I am familiar in accept the obligations of my position of registered agent. S. The name, title or capacity and address of the service of process for the above stated limited liability company at the program of a statute separation of the provisions of all statutes pelative to the proper and domplete performance of my duties, and I am familiar in accept the obligations of my position of registered agent. (Registered agent address) S. The name, title or capacity and address. Superior and complete performance of my duties, and I am familiar in the accept the obligations of my position of registered agent and Address: Title or Capacity: Name and Address: Name and	Ohio		3	45-3328677	
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(Street Address of Pincipal Office) Osprey, FI 34229 Name: Will Grosz Office Address: Will Grosz Office Address: 367 Michelangelo Dr Osprey Ospr		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty !) iability)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Will Grosz Office Address: 367 Michelangelo Dr Osprey Grosp Gr	367 Michelangel	o Dr	6.	Same	<i>(</i> 21
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Typed or printed name of signee

Will Grosz

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LEAD AVIATION, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2047428, was organized within the State of Ohio on September 12, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of July, A.D. 2017.

Ohio Secretary of State

Validation Number: 201719301154