

M17000008184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

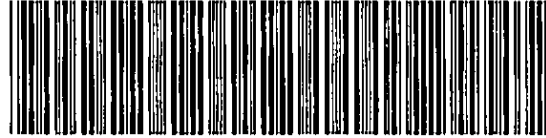
Special Instructions to Filing Officer:

name match

Filed 4/28/17 M17-3653

W17-74352

Office Use Only



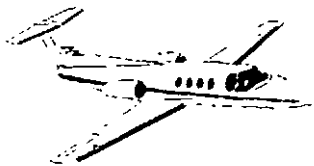
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09/13/17--01013--031 **160.00

FILED
17 SEP 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 26 2017



CJ Leasing

3511 Silverside Road, Suite 105,
Wilmington Delaware 19810

September 22, 2017

Division of Corporations
Registration Section
Clifton Building
2661 Executive center Circle
Tallahassee, Florida 32301

2017 SEP 25 AM 11:20
TALLAHASSEE, FLORIDA

Attn: Stacey Warren

Attached is a corrected Application to Register CJ Leasing LLC with the State of Florida.

I made an error on the first one and forget to delete another company on page 2.

Sorry for the mix up!

Thank You,

Mike Ciavardone



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2017

MICHAEL J. CIAVARDONE
P.O. BOX 7336
LAKELAND, FL 33807

SUBJECT: SAFE AVIATION LEASING LLC
Ref. Number: W17000074352

We have received your document for SAFE AVIATION LEASING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

This document was previously filed on April 28, 2017.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00018868

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CJ 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

CJ Leasing LLC

Firm/Company

PO Box 7336

Address

Lakeland, Florida 33807

City/State and Zip Code

cjleasingllc@gmail.com

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

For further information concerning this matter, please call:

Michael J Ciavardone

Name of Contact Person

at (**863**)

Area Code

660-1213

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:

1. CJ Leasing LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 32-0367244
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3511 Silverside Road, Suite 105 6. PO Box 7336
(Street Address of Principal Office) (Mailing Address)
Wilmington, DE (USA) 19810 Lakeland, FL 33807

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael J Ciavardone
Office Address: 6908 Wildberry Lane
Lakeland, Florida 33813
(City) (Zip code)

FILED
17 SEP 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael J Ciavardone
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Michael J Ciavardone</u> <u>PO Box 7336</u> <u>Lakeland, FL 33807</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Michael J Ciavardone
Signature of authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information 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
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CJ 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 FIFTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CJ LEASING LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2011.

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



4991197 8300

SR# 20176012007

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203164715

Date: 09-05-17