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COVER LETTER

Registration Section Division of Corporations

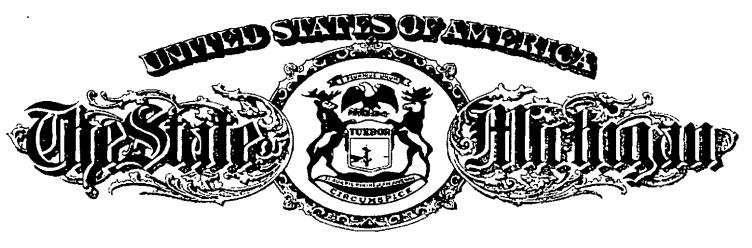
TO:

| SUBJECT: | | ADNIC & | NALA AVIATIO | ON, LLC | | |
|---|------------------------------|---|---------------------------------|---|---|--|
| | | Name of | Limited Liability (| Company | | |
| | | eign Limited Liability Comp d to register the above refero | | | | |
| Please return all co- | rrespondence c | oncerning this matter to the | following: | | | |
| | | YOLA | NDA ROBINSON | v | | |
| _ | | N: | ame of Person | | | |
| | | | ATC | | | |
| _ | <u> </u> | Fi | rm/Company | | | |
| | | 4020 W. G | DELLER BLVD, | SUITE B | | |
| _ | <u> </u> | | Address | | | |
| | | COLU | MBUS, IN 47201 | | | |
| - | | City/S | tate and Zip Code | | 7 | |
| | | ABERGMANN(| @MAESTROHEA | ALTH.COM | И | |
| _ | | E-mail address: (to be used | I for future annual | report not | ification) | |
| For further informa | tion concerning | g this matter, please call: | | | | |
| | YOLAN | DA ROBINSON | 317 | 345-17 | 39 | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Number | |
| Division o Registratio P.O. Box (| | | | Division Registrati Clifton B 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301 | |
| Enclosed is a check ■ \$125.00 | for the follow Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | S155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Cof Status & Certified Co | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name unavailable, enter alternate of | name adopted for the purpose of transacting business in F | Florida. The alter | nate name must include "Limited | d Liability Company," "L.L.C." or "LLC.") |
|---|--|--|--|---|
| 2. MICHIGAN | | | 46-56 | |
| <u>.</u> | hich foreign limited liability company is organized) | 3 | | number, if applicable) |
| 1 N/A | | | | |
| † | (Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter | to registration.) | biliry) | |
| 2144 MADE | | 6. | 2144 MADERO DRI | IVE |
| (Street Address of | Principal Office) | 0 | (Mailing | Address) |
| THE VILLAC | GES, FL 32159 | - | THE VILLAGES, F | L 32159 |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Bo | ox <u>NOT</u> ac | ceptable) | |
| Name: | ALAN BERGMANN | | | |
| Office Address: | 2144 MADERO DRIVE | | | |
| | THE VILLAGES | | . Florida 32159 | 1 |
| Registered agent's accep | (City) | | {Zip | p code) |
| | s of my position as registered agent. | er and com | | act in this capacity. I further ag my duties, and I am familiar wit |
| and accept the obligation 8. The name, title or cap | (Repinered agent) acity and address of the person(s) who l | 's signature) | plete performance of the performance of the plete performance of the pl | my duties, and I am familiar wit |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who l | 's signature) | plete performance of i | my duties, and I am familiar wit |
| and accept the obligation 8. The name, title or cap | acity and address of the person(s) who I Name and Address: ALAN BERGMANN | 's signature) | plete performance of the performance of the plete performance of the pl | my duties, and I am familiar wit |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who l | S signature) has/have au | plete performance of the performance of the plete performance of the pl | my duties, and I am familiar wit |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who I Name and Address: ALAN BERGMANN 2144 MADERO DRIVE | S signature) has/have au | plete performance of the performance of the plete performance of the pl | my duties, and I am familiar wit |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who I Name and Address: ALAN BERGMANN 2144 MADERO DRIVE | S signature) has/have au | plete performance of the performance of the plete performance of the pl | my duties, and I am familiar wit |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who I Name and Address: ALAN BERGMANN 2144 MADERO DRIVE | S signature) has/have au | plete performance of the performance of the plete performance of the pl | ny duties, and I am familiar wit |
| 8. The name, title or cap Title or Capacity: MEMBER (Use attachments if neces | acity and address of the person(s) who I Name and Address: ALAN BERGMANN 2144 MADERO DRIVE THE VILLAGES, FL 32150 | signature) has/have au Titl | thority to manage is/ar | re: Name and Address: |
| 8. The name, title or cap Title or Capacity: MEMBER (Use attachments if neces) | acity and address of the person(s) who I Name and Address: ALAN BERGMANN 2144 MADERO DRIVE THE VILLAGES, FL 32150 assary) to of existence, no more than 90 days old of which it is organized. (If the certifical | has/have au Titl | thority to manage is/are or Capacity: | re: Name and Address: 2 1 having custody of records in the |
| 8. The name, title or cap Title or Capacity: MEMBER (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec | acity and address of the person(s) who I Name and Address: ALAN BERGMANN 2144 MADERO DRIVE THE VILLAGES, FL 32150 assary) to of existence, no more than 90 days old of which it is organized. (If the certifical | has/have au Title 1, duly authorate is in a formation of the company of the comp | athority to manage is/are or Capacity: enticated by the official oreign language, a trans | re: Name and Address: Page 1 having custody of records in the slation of the certificate under oa ware that any false information |
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Lansing, Michigan

This is to Certify That

ADNIC & NALA AVIATION, LLC

was validly authorized on May 5, 2014, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 17111361320

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of November, 2017.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau