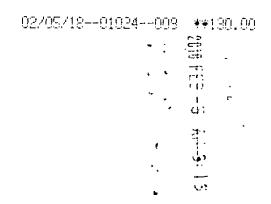
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## COVER LETTER . . .

	tegistration Section Division of Corporation	ns			
SUBJECT		VIATION FORT LAUDER	DALE, LLC		
SUBJECT		Name of	Limited Liability (	Company	
The enclos Existence,	sed "Application by For and check are submitte	reign Limited Liability Comp ed to register the above refero	pany for Authoriza enced foreign limit	ition to Tra ted liability	insact Business in Florida," Certificate of company to transact business in Florida
Please retu	arn all correspondence	concerning this matter to the	following:		
	Melissa Orme				
	<u> </u>	N'	ame of Person		_
	Orme Law Fire	m P.C.			
		Fi	irm/Company		
	112 Governors	Square, Suite B			
			Address	-	<del></del>
	Peachtree City.	. GA 30269			
		City/S	tate and Zip Code		
	melissa.orme@o	ormelawfirm.com			
	<del></del>	E-mail address: (to be use	d for future annual	report not	ification)
For furthe	r information concernir	ng this matter, please call:			
Ŋ	Melissa Orme		678	593-320	02
_	Name (	of Contact Person	at ( Area Code	Day	rtime Telephone Number
T R P	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Callahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section milding recutive Center Circle see. FL 32301
	is a check for the follow 3 \$125.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin	ng Fee &	☐ \$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:

	<del></del>		771			wer t an entran
name unavailable, enter alternate n	ame adopted for the purpose of tra	ansacting business in Florid			lability Company	C""L.L.C," or "ELC.")
DELAWARE		<del></del>	3. <u>81</u>	-3471706	<del></del>	
(Jurisdiction under the law of w	hich foreign limited liability compa	any is organized)		(Fb) nut	mber, if applicab	le)
1/26/2018	(Date first transacted busine	ess in Florida. If noor to re-	erstration )		<del></del>	
	(See sections 605,0904 & 6	05.0905, F.S. to determine	penalty liabil	lity)		
561 Pearl Harbor Drive	<u> </u>		6. <u>56</u>	1 Pearl Harbor Drive		
(Street Address of Principal Office)  Daytona Beach, Florida 32114			Da	(Mailing Ac vtona Beach, Florida 3		6
Daytona neach, Florida	3 3 2 1 1 4		<u> </u>	ytona Beach, Piorida 3		
						<del>-11</del>
					ı	
Name and street address	ss of Florida registered a	agent: (P.O. Box	NOT acco	eptable)		داء
	Kristoffer Johnson					* •
Name:	Kristoriei Johnson			<del></del>	•	
Office Address:	561 Pearl Harbor Driv	ve .			•,	Ф
	David and David			Florida 32114 (Zip co		<u></u> (1)
	Daytona Beach	(City)		, Florida <u>52114</u>	<u> </u>	
aving been named as re signated in this applica comply with the provise	tion, I hereby accept th ions of all statutes relat s of my position as regi	ne appointment as tive to the proper a istered agent.	registered and comp	the above stated limite I agent and agree to ac lete performance of my	ed liability o	pacity. I further
aving been named as resignated in this applical comply with the provising accept the obligation.	gistered agent and to a tion, I hereby accept th ions of all statutes relat s of my position as regi	tive to the proper a sistered agent.  (Pegistered agent's significations)	registered and compl mature)	the above stated limite d agent and agree to ac lete performance of my	ed liability c et in this cap y duties, an	pacity. I further
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aving been named as resignated in this application and accept the obligation.  The name, title or capation.  Title or Capacity:  Manager CEO  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be sign. This document is executed.	rgistered agent and to a tion, I hereby accept the ions of all statutes relates of my position as regional acity and address of the Name and A John M Bing 561 Pearl Ha Davtona Bear Sary)  of existence, no more to of which it is organized ubmitted)  nuted in accordance with	than 90 days old, di. (If the certificate	mature) /have auth Title Mana	the above stated limited agent and agree to actlete performance of my  mority to manage is/are: or Capacity: ager CFO  micated by the official legin language, a transletorida Statutes. I am aw	Name:  Kristof 561 Pe Daytor  having custoation of the	and Address:  fer Johnson arl Harbor Dr. as Beach, FL 321  ody of records in certificate under
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Typed or printed name of signee

Melissa Orme, Attorney-In-Fact

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PHOENIX EAST AVIATION FORT LAUDERDALE,

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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2018.

The state of the s

6103338 8300 SR# 20180528218 Authentication: 202045031

Date: 01-26-18