M1800000 3411

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



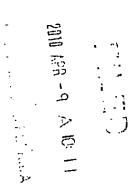


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03/13/18--01004--025 **70.00

04/10/18--01003--002 **55.00

RECEIVED MAR 1 2 2018







FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2018

WILLIAM LEGARD 332 W MINNESOTA AVE DELAND, FL 32720

SUBJECT: AERO AVIATION LLC Ref. Number: W18000024742

We have received your document for AERO AVIATION LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

There is a balance due of \$55.00.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00006040

RECEIVED

APR 0 0 2018

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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida. The alternate	name must include "Li	imited Liab	ility Compa	ny," "L.L.C,	or "LLC."
Delaware (Jurisdiction under the law of wi	hich foreign limited liability company is organized)	3	- , - , , , , , , , , , , , , , , , , ,	(FEI numbe	er, if applic	able)	
3-1-2018							
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) e penalty liability)				
332 West Minnesota A	ave	6.					
332 West Minnesota Ave (Street Address of Principal Office) DeLand FL 32720			(Mailing Address)				
Detailu FL 32720							
	<u></u>						
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	table)			2010 ,	
Name:	William Legard		_			155	• •
Office Address:	332 West Minnesota Avenue		_			- 2	- 1
	Deland	- · · - · · ·	Florida <u>327</u>	20		<u> </u>]
iving been named as re signated in this applica comply with the provisi	(City)	registered o	ne above stated agent and agree	(Zip code limited e to act i	liability in this c	apacity.	I furthe
iving been named as re signated in this applica comply with the provisi	(City) Intance: Trance: Tra	registered of	ne above stated agent and agree	(Zip code limited e to act i	liability in this c	apacity.	I furthe
iving been named as resignated in this applica comply with the provised accept the obligation:	ctance: registered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper to of my position as registered agent. Registered agent's s	and complete	ne above stated agent and agree te performance	(Zip code limited e to act to of my a	liability in this c	apacity.	I furthe
nying been named as resignated in this applica comply with the provised accept the obligation:	(City) Intance: Trance: Tra	and completed of and completed of and completed of and completed of an arrangement of a arrangement of	ne above stated agent and agree te performance	(Zip code limited e to act to of my a	liability in this c luties, a	apacity.	I furthe familiar
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aving been named as resignated in this applicate comply with the provise and accept the obligation. The name, title or capa Title or Capacity: owner	registered agent and to accept service of ption, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. Registered agent Registered agent Registered agent William Legard 332 West Minnesota Avenue DeLand FL 32720 ssary) of existence, no more than 90 days old, of which it is organized. (If the certificate	s/have autho Preside	rity to manage in Capacity:	(Zip code limited to act to to fmy a	Name	apacity. nd I am and Ad	I furthe familiar

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AERO AVIATION 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 MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AERO AVIATION LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2015.

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

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Authentication: 202283787

Date: 03-08-18

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