# M18000004733

(Re	equestor's Name)			
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SECRETARY OF STATE TALLAHASSEE FLORIDA

JLS,14-14

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Aircraft Disme Name of Limit	antling LLC ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
James ampanella Name of Person				
AiRCRAFT DISMANT	Hing, LLC			
1368 Dexter Drive	E			
FORT ORANGE FZ. City/State and Zip Code	32129			
Sales @ AIRCRAFTDISM E-mail address: (to be used for future annual repor	ANTLING - COM t notification)			
For further information concerning this matter, please call:				
James Campanella at 6	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INH\$18 (2/14)				

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

IN COMPLIANCE WITH SECTION 605.0 COMPANY TO TRANSACT BUSINESS IN		E FOLLOWING IS SUBMITTED TO REGIST	TER A FOREIGN LIMITED LIABILITY
AIRCRAET	Disman	Hina LLC	
(Name of Foreign Limited Lia	bility Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC."	)
AD,	LLC		
(If name unavailable, error alternate name adopted	for the purpose of transacting business in	Florida. The alternate name must include "Limited Lis	
2. (Jurisdiction under the law of which foreign li	mited fiability company is organized)	3. 2016 - 000 (FEI num	0716757 - FILING BET, if applicable) 889190 - EIN
4. <u>N/A</u>		_	
5. 1368 Dexter	irst transacted business in Florida, if prior crigns 605.0904 & 605.0905, F.S. to dete DFIVE E	r to registration.) ermine penalty liability)  6.	ter Drive E.
PORT OR ANG		PORT (	1000 1000 1000 1000 1000 1000 1000 100
7. Name and street address of Flori	da registered agent: (P.O. B	fox NOT acceptable)	TALL SEC
Name:	mes (amp	anella	AAR ARE
Office Address:	368 Dexter	DriveE.	File ASSI 16
100	I DRANGE,	9. Florida 32/2	29 🛊 man
Registered agent's acceptance:	(Cify)	(Zip co	de)∕ ≡ □ Si
Having been named as registered of		of process for the above stated limited	
		t as registered agent and agree to acc per and complete performance of my	
and accept the obligations of my p			
	famolame	anelly	
~	Registered ager	it's signature)	
•		has/have authority to manage is/are:	N
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Managing member	James Company	Ma	
J	PORTOGANGE, E	WC. <del>73</del> 7119	
	, , , = , , , , , , , , , , , , , , , ,		
<del></del>		<del></del>	
		<del></del>	
(Use attachments if necessary)			
		d, duly authenticated by the official h	
	it is organized. (If the certific	cate is in a foreign language, a transla	tion of the certificate under oath
jurisdiction under the law of which of the translator must be submitted)	•		
of the translator must be submitted)  10. This document is executed in ac	cordance with section 605.02	203 (1) (b), Florida Statutes, I am awa third degree felony as provided for in	
of the translator must be submitted)  10. This document is executed in ac	cordance with section 605.02		
of the translator must be submitted)  10. This document is executed in ac	accordance with section 605.02 artment of State constitutes a		
of the translator must be submitted)  10. This document is executed in ac	accordance with section 605.02 artment of State constitutes a	third degree felony as provided for in	

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### AIRCRAFT DISMANTLING, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 7**, **2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000716757**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of May, 2018 at 5:45 PM. This certificate is assigned 026482535.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.