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M. MILLIGAN AUG 2.2 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2018

Tanya Severson US Aviation Training Solutions, Inc. 365 Golden Knights Blvd. Titusville, FL 32780

SUBJECT: USATS LEASING LLC Ref. Number: W18000070858

We have received your document for USATS 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6900.

Lyn Shoffstall Bureau Chief

Letter Number: 618A00016023

2018 AUG 15 PH 12: 37

Division of Cornerations P.O. BOX 6327 Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

USATS Leasing LLC

SUBJECT: _

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:

Tanya Severson Name of Person US Aviation Training Solutions, Inc. Firm/Company 365 Golden Knights Blvd Address Titusville, FL 32780 City/State and Zip Code tseverson@usatsolutions.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tanya Severson 321 567-0392 at (____ Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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-LIN	ATTED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	

L USATS Leasing LLC

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

	name adopted for the purpose of transacting business in Fl	lorida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
2. Delaware (Jurischerion under the law of w	hich foreign limited liability company is organized)	3	umber, if applicable}
4 07/31/18			
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to deterr	o registration.) nine penalty hability)	
5 365 Golden Knights Blvd		6 365 Golden KNights B	lvd 👘
(Street Address of Principal Office)		(Mailing A	
Titusville, FL 32780		Titusville, FL 32780	
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	
	_		r v
Name:	Stephen Phillips		Contraction (Contraction)
Office Address:	365 Golden Knights Blvd		
	Titusville	, Florida <u>32780</u>	
	(City)	(Zip c	code)
designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent.	as registered agent and agree to a	ct in this capacity. I further agree
	Registered agent's	s signature)	
8. The name, title or capa	acity and address of the person(s) who h	as/have authority to manage is/are:	<u>.</u>
<u>Title or Capacity:</u>	Name and Address:	Title or Capacity:	Name and Address:
President	Richard McCourt	CFO	Stephen Phillips
·····	365 Golden KNights Blvd		365 Golden Knights Blvd
	Titusville, FI 32780	_	Titusville. FL 32780

VP

(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)

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.

ignature of an authorized person

Stephen Phillips

James Hoffman

365 Golden Kniahts Blvd Titusville. FL 32780

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 "USATS 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 NINTH DAY OF AUGUST, A.D. 2018.



. Secretary of State Flui

Authentication: 203217226 Date: 08-09-18

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SR# 20186080814 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1