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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						

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## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporation	18						
SUBJE	.cт:	RISTA	Av. A	ton S	ER VI	CES	LLC	=
	closed "Application by For ce, and check are submitte							
Please r	return all correspondence c	concerning thi	s matter to the	following:				
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	Richard Name o	ENOC Contact Per	タレE SOIL	at ( <u>334</u> Area Code	_)3 Day	47-1 time Telepho	240 one Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division Registrat Clifton B 2661 Exc	F ADDRESS of Corporation coulding ecutive Center see, FL 3230	ons er Circle	
Enclose	ed is a check for the follow ☐ \$125.00 Filing Fee		Filing Fee & of Status	S155,00 Filit	-		Filing Fee, C & Certified Co	

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HRISTA AVIATION SERVICES LLC
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C. Of name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C." 80 -0839659 of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) - RICHARD ENDERLE Name: PANANA CIL, BEACH . Florida 324(S (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: PRESID unt (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.

RICHARD A- Pridente

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Arista Aviation Services, LLC was formed in Montgomery County, Alabama on July 25, 2012. The Alabama Entity Identification number for this entity is 040-656. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Scal of the State, at the Capitol, in the city of Montgomery, on this day.

08/27/2018

Date

X. M. Merill

John H. Merrill

**Secretary of State**