Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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Foreign Limited Liability Company TBS Air III, LLC

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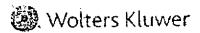
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FAX COVER SHEET

TO		
COMPANY		
FAX NUMBER	18506176383	
FROM	RanaeMcGraw	
DATE	2018-09-27 13:10:09 CST	
RE	TBS Air III, LLC	

COVER MESSAGE

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Aubrey Weibel Fulfillment Specialist	. •	27
Aubrey Weibel Fulfillment Specialist CT Corporation Team (614) 280-3338 Global Fulfillment Team@wolterskluwer.com	7. 7.	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEANCE WITH SECTION (050XID, FLORIDA SEXTUTES THE FOLLOWING ISSUBMITTED TO REGISTER A FOREIGN LIMITED DABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Limitals Concerny, must include "Limited Liability Company," "L1, C1, for "L1 C1") (if name usus adable, enter after uso name nilepted for the graphse of transacting business in Flands. The alternate name must meleute "Limited Lististy Company." "L.U.C." or "LLC.") 2. Delaware Durisdation under the law of which foreign finance habitity configure is organized) (Data that from the Inspects in Chercle, if piter to registration). (See sections, 603 CPAS & 603 DPAS, F.X., to determine pressing tobulary) 137 Varick Street, 8th Floor 5. 137 Variek Street, 8th Floor (Mailing Address) (Silect Address of Principal Other) New York, NY 10013 New York, NY 10013 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T.Corporation System. Name: 1200 South Pine Island Road Office Address: Plantation 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. Kallenie Schrider Katherine Schneider, Asst. Secretary (Registered agent's rightfale) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Manager Benoit Mennegand Pady Reigner Manager ____ 137 Varick Street, 8th Floor 3209 4300 Glumack Dr. New York, NY 10013 St. Paul, MN 55111 Manager Ryan Rickabaugh 137 Varick Street, 8th Floor New York, NY, 19913 (Use attachments if accessury) 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) 18. This document is executed in accordance with section 605.0203 (1) (5), 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 \$.817.155, F.S. Signature of an authorized peram local Tentremberg, Vice President, General Counsel and Secretary, Buch-Na. Bodhaige, Inc. (Member)

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "TBS AIR III, 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-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

6865173 8300 SR# 20186871057 Authentication: 203506124

Date: 09-27-18

You may verify this certificate online at corp.delaware.gov/authver.shtml