# 11180000009827

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



200320385212



K. SALY 100 1 2018



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: October 30, 2018

ORDER TIME : 11:15 AM

ORDER NO. : 465158-010

CUSTOMER NO: 5021613

#### FOREIGN FILINGS

NAME: STERLING FLIGHT ACQUISITION

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO: Registration Section

| Div                           | ision of Corporation   | 15   |   |  |  |  |
|-------------------------------|--|--|---|--|--|--|
| SUBJECT:                      | Sterling Flight Acqu   |  |   | ·  |  |  |
|                               |  | Name of I  | limited Liability Compan                            | y  |  |  |
| The enclosed<br>Existence, as | d "Application by For<br>nd check are submitte   | reign Limited Liability Comp<br>d to register the above refere | any for Authorization to need foreign limited liabi | Fransact Business in Florida," Certificate of lity company to transact business in Florida.      |  |  |
| Please return                 | all correspondence of  | concerning this matter to the                                  | following:  |  |  |  |
|                               | Kayla Lee  |  |   |  |  |  |
|                               | -  | Na   | ime of Person                                       |  |  |  |
|                               | c/o Wexford C  | apital LP  |   |  |  |  |
|                               |  | Fi   | rm/Сотралу  |  |  |  |
|                               | 411 West Putnam Avenue, Suite 125  |  |   |  |  |  |
|                               | Address  |  |   |  |  |  |
|                               | Greenwich, CT  | 06830  |   |  |  |  |
|                               |  | City/St  | tate and Zip Code                                   |  |  |  |
|                               | legalnotices@we  |  |   |  |  |  |
|                               |  | E-mail address: (to be used                                    | for future annual report                            | notification)  |  |  |
| For further i                 | nformation concerning  | g this matter, please call:                                    |   |  |  |  |
| Kayla Lee                     |  | at ()  | 7000  |  |  |  |
|                               | Name (   | of Contact Person  | Area Code [   | Daytime Telephone Number   |  |  |
| Div<br>Rep<br>P.C             | AILING ADDRESS:<br>vision of Corporation:<br>gistration Section<br>D. Box 6327<br>lahassee, FL 32314 |  | Division<br>Regist<br>Cliftor<br>2661 f             | ET ADDRESS: on of Corporations ration Section n Building Executive Center Circle assec, FL 32301 |  |  |
|                               | a check for the follow<br>\$125.00 Filing Fee  | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status     | ☐ \$155.00 Filing Fee &<br>Certified Copy           | ₺ □ \$160.00 Filing Fee, Certificate 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 LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate na  | ame adopted for the purpose of transacting business in   | n Florida. The alternate name must include "Limited  | Liability Company," "L.L.C," or "LLC.")  |
|---|--|--|--|
| Delaware  |  | 3.   |  |
| (Jurisdiction under the law of wh   | sich foreign limited liabikty company is organized)  | (FE) r   | number, if applicable)   |
| Upon qualification  |  |  |  |
|   | (Date first transacted business in Florida, if pric<br>(See sections 605.0904 & 605.0905, F.S. to det  | or to registration.)<br>tennine penalty liability)   | <del></del>  |
| 411 West Putnam Aver  | nue. Suite 125   |  | ue, Suite 125  |
| (Street Address of P  | ruscipal Office)   | 6. 411 West Putnam Aven  | Address)   |
| Greenwich, CT 06830   |  | Greenwich, CT 06830  |  |
|   |  |  |  |
|   |  | <del></del>  | ين المائية   |
| Name and street addres  | s of Florida registered agent: (P.O. E   | Box NOT acceptable)  | شهر به از برای<br>در دون   |
|   |  |  |  |
| Name:   | Corporation Service Company  |  |  |
| Office Address:   | 1201 Hays Street   |  | 97.  |
| 2   | Tallahassee  |  | 售訊   |
|   |  | , Florida 32301  | <del>"</del>   |
| iving been named as re<br>signated in this applica-<br>comply with the provisi  | (Cny) tance: gistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro s of my position as registered agent. Corporation Spride Opinany   | of process for the above stated liming as registered agent and agree to appear and complete performance of the state of th | act in this capacity. I further a<br>ny duties, and I am familiar wi<br>Roxanne Turner   |
| iving been named as resignated in this application of the comply with the provision duccept the obligations   | tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. Corporation Spride Omnany By:  (Registered age  | of process for the above stated liming as registered agent and agree to apper and complete performance of records a signalure.   | ited liability company at the pla<br>act in this capacity. I further a<br>ny duties, and I am familiar wi<br>Roxanne Turner<br>Asst. Vice President            |
| signated in this applica<br>comply with the provisi<br>ad accept the obligations  | tance: gistered agent and to accept service tion, I hereby accept the appointmer ions of all statutes relative to the pro s of my position as registered agent. Corporation Service Company By:  | of process for the above stated liming as registered agent and agree to apper and complete performance of records a signalure.   | ited liability company at the pla<br>act in this capacity. I further a<br>ny duties, and I am familiar wi<br>Roxanne Turner<br>Asst. Vice President            |
| rving been named as resignated in this application of the provision of accept the obligations.  The name, title or capa                             | tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. Corporation Service Company By:  (Registered agent active and address of the person(s) who  | of process for the above stated liming as registered agent and agree to apper and complete performance of remaining agreements signalure)  o has/have authority to manage is/ar  | ited liability company at the pla<br>act in this capacity. I further a<br>ny duties, and I am familiar wi<br>Roxanne Turner<br>Asst. Vice President            |
| rving been named as resignated in this application of the provision of accept the obligations.  The name, title or capa Title or Capacity:          | tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. Corporation Spride Omnany By:  (Registered age acity and address of the person(s) who Name and Address:  Wexford Capital LP  777 South Flagler Onve, Suite 602 E  | of process for the above stated liming as registered agent and agree to apper and complete performance of rem's signature)  o has/have authority to manage is/ar  Title or Capacity:   | ited liability company at the pla<br>act in this capacity. I further a<br>ny duties, and I am familiar wi<br>Roxanne Turner<br>Asst. Vice President            |
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| rving been named as resignated in this application of the provision of accept the obligations.  The name, title or capa Title or Capacity:  Manager | tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. Corporation Service ornary By:  (Registered age acity and address of the person(s) who Name and Address:  Wexford Capital LP 777 South Flagter Drive, Suite 602 E West Palm Beach, FL 334   | of process for the above stated liming as registered agent and agree to apper and complete performance of rem's signature)  o has/have authority to manage is/ar  Title or Capacity:   | ited liability company at the pla<br>act in this capacity. I further a<br>ny duties, and I am familiar wi<br>Roxanne Turner<br>Asst. Vice President            |
| Jse attachments if neces Attached is a certificate risdiction under the law the translator must be si   | tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of the service of any position as registered agent.  Corporation Stride Ormany By:  (Registered agent and Address:  Wexford Capital LP  777 South Flagler Orive, Suite 602 E  West Palm Beach, FL 3349  sary)  of existence, no more than 90 days of which it is organized. (If the certiful pubmitted)               | of process for the above stated limit as registered agent and agree to oper and complete performance of rem's signaline)  o has/have authority to manage is/ar  Title or Capacity:  old, duly authenticated by the official ficate is in a foreign language, a transpose of the complete performance of rem's signaline)   | ited liability company at the planet in this capacity. I further any duties, and I am familiar wire Roxanne Turner Asst. Vice President  e:  Name and Address: |
| The name, title or capa Title or Capacity: Manager  Attached is a certificate risdiction under the law the translator must be successived.          | tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.  Corporation Strice Ornally By:  (Registered age acity and address of the person(s) who Name and Address:  Wexford Capital LP  777 South Flagler Orive, Suite 602 E West Palm Beach, FL 334  ssary)  of existence, no more than 90 days of of which it is organized. (If the certif | of process for the above stated limit as registered agent and agree to oper and complete performance of rem's signaline)  o has/have authority to manage is/ar  Title or Capacity:  old, duly authenticated by the official ficate is in a foreign language, a transpose of the complete performance of rem's signaline)   | ited liability company at the planet in this capacity. I further any duties, and I am familiar wire Roxanne Turner Asst. Vice President  e:  Name and Address: |

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STERLING FLIGHT ACQUISITION 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STERLING FLIGHT ACQUISITION LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2018.

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

18 OCT 31 AM 8: 00
Storker and Storker

e at corn delaware gov/aut

Authentication: 203716884

Date: 10-31-18

7126781 8300 SR# 20187407299