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STATE OF FLORIDA
JALALA, SEE, FLORIDA

K. SALY
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BOWMAN & KRIEGER
ATTORNEYS AT LAW
1045 LINCOLN MALL - SUITE 100
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DONALD H. BOWMAN
MARK J. KRIEGER
CHAD L. BOWMAN
TERRI M. WEEKS

October 18, 2018

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Aero Guard Aviation Insurance, LLC

Dear Sir/Madam:

Enclosed are the following documents relating to the application of Aero Guard Aviation Insurance, LLC, a Nebraska Limited Liability Company, to do business in the state of Florida:

1. Form Cover Letter to Registration Section
2. Application By Foreign Limited Liability Company for Authority to Transact Business in Florida (in duplicate)
3. Certificate of Good Standing of Aero Guard Aviation Insurance, LLC issued by the Nebraska Secretary of State
4. Our check in the amount of \$130.00 payable to Florida Department of State, Division of Corporations
5. Self-addressed postage-paid return envelope

If you have any questions or need anything further to process the application, please contact me. I would appreciate it if you would return a copy of the filed Certificate of Authority to me in the enclosed postage-paid envelope. Thank you for your assistance.

Very truly yours,



Donald H. Bowman

DHB:cas
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aero Guard Aviation Insurance, LLC

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:

Thomas J. Kaiser

Name of Person

Aero Guard Aviation Insurance, LLC

Firm/Company

5205 Deer Ridge Dr.

Address

Eagle, NE 68347

City/State and Zip Code

tkaiser@aeroguardinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald H. Bowman

402

476-8005

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aero Guard Aviation Insurance, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If 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 "LLC.")

2. Nebraska
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5205 Deer Ridge Dr.
(Street Address of Principal Office)
Eagle, NE 68347

6. 5205 Deer Ridge Dr.
(Mailing Address)
Eagle, NE 68347

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

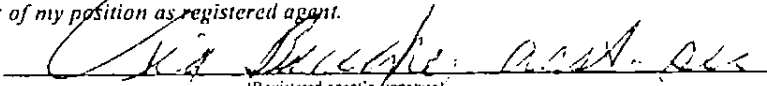
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.


(Registered agent's signature)

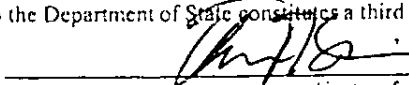
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Mgr	Thomas J. Kaiser 5205 Deer Ridge Eagle, NE 68347		

(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.


Signature of an authorized person

Thomas J. Kaiser
Typed or printed name of signer

FILED
18 OCT 23 AM 12:50
TALLAHASSEE, FLORIDA

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

AERO GUARD AVIATION INSURANCE, LLC

was duly formed under the laws of Nebraska on October 20, 2017;

**all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;**

the Secretary of State has not administratively dissolved the company;

**the Company has not delivered to the Secretary of State for filing a Statement
of Dissolution;**

a Statement of Termination has not been filed by the Secretary of State.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

October 16, 2018



John A. Gale
Secretary of State

FILED
18 OCT 23 AM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA