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TO:

COVER LETTER

Division of Corporations						
SUBJECT:	Blue Star Aviation, L.L.C.					
	Name of Limited Liability Company					
The enclosed Existence, and	"Application by Foreign Limited Liability Comp I check are submitted to register the above refere	any for Authorization to Trans need foreign limited liability c	sact Business in Florida," Certificate of company to transact business in Florida.			
Please return all correspondence concerning this matter to the following:						
	Joe Ann Owens					
	Name of Person					
Business Aviation Law Group						
Firm/Company						
	631 U.S. Highway 1, Suite 410					
Address						
North Palm Beach, FL 33408						
City/State and Zip Code						
	vlmurrayii@gmail.com		·			
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Joe	Ann Owens	561 570-1976	5			
	Name of Contact Person	Area Code Dayti	me Telephone Number			
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassec. FL 32314	Division o Registratio Clifton Bu 2661 Exec				
	check for the following amount: 125.00 Filing Fee	☐ \$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: Blue Star Aviation, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") Blue Star Florida, 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.") 3, 27-2122916 2. Georgia (FI) number, it applicable) (Jurisdiction under the law of which foreign limited hability 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) 6. 12534 Lookout Mountain Ct. 155 Asbury Street (Mailing Address) (Street Address of Principal Office) Jacksonville, FL 32225-0841 Fayetteville, GA 30215 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vincent Murray Name: 12534 Lookout Mountain Ct. Office Address: _ , Florida <u>32225-</u>0841 Jacksonville 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: Name and Address: Title or Cupacity: Name and Address: Title or Capacity: Vincent Murray Mgr. 12534 Lookout Mountain Ct. Jacksonville, FL 32225-0841 (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. Vincent L. Murray ?? Signature of an authorized person A3ADESARCSC34C6 Vincent Murray, Manager

Typed or printed name of signee

Control Number: 10017499

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BLUE STAR AVIATION, L.L.C.

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16280791 Date Inc/Auth/Filed: 03/07/2010 Jurisdiction : Georgia Print Date : 11/09/2018

Form Number : 211



Rolyn Q. Cristender

Robyn A. Crittenden Secretary of State