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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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Email Address:

Foreign Limited Liability Company FLYCLIP, LLC

Certificate of Status	1
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FINAL 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:				
Name of Person				
Haber Law P.A.				
251 1000 23rd 54.				
City/State and Zip Code				
E-mail stidress: (to be used for future annual report necification)				
For further information concerning this matter, please call:				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallshassee, 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				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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7. Name and street address of Nume:	Florida registered agent: (P.O. I	Law P. V	4.	
Office Address:	22 (100)	, Florida	31.27 331.27	
designated in this application, to comply with the provisions	te: trod nyout and to accept service , I hereby accept the appointmen of all statutes relatively the pro- my position as presistered arguin	d as remissional agent and agr	outered in this capacity, (Juriker agree
8. The name, title or capacity Fitte or Committee	and address of the person(s) who	n'a sipone; n'a sipone; n'a sipone; n'a sipone; n'a sipone; n'a sipone; n'a sipone;	it/arc: Name and Add	DEC 17
1110			C	
(Use attachments if peressary	}		<u></u>	
 Attached is a certificate of e jurisdiction under the law of w of the translator must be subm 	rustence, no more than 90 days o hich k is organized. (If the cortifi inted)	ld, duly authenticated by the o icase is in a foreign lunguage, a	filend having costody of rec a translation of the certificati	ords in the a under oath
10. This document is executed submitted in a document to the	in accordance with section 605.0 Department of State contributes a	203 (1) (b), Flurida Statutes, l i third degree felony as provide	am aware that may false into ed for in s.#17.155, t'.S.	Trackion
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Delaware The First State

Page 1

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

DELAWARE, DO HERBBY CERTIFY "FLYCLIP, LLC" IS DULY FORMED UNDER THE

LANS 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-FIFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLYCLIP, LLC"
WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2003.

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

SEPTIMENT OF STATE TAIL AND SEEL FLORIDA

3638858 8300

SR# 20186828763

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

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Authentication: 203488838

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