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## COVER LETTER

	tion Section ਗੈ Corporations		. "	r - 1.	
SUBJECT:	2 FULHT	PARAS A	ited Liability Compan	у	
The enclosed "App Existence, and che	plication by Foreign Limited eck are submitted to register	Liability Company	/ for Authorization to	Transact Business i	n Florida," Certificate of nsact business in Florida.
Please return all co	orrespondence concerning th	is matter to the foll	owing:		
	HOWAR	O BAUSU Namo	کہ,د		
•		Namo	of Person	-	
-	-	Firm/	Company		<del></del>
		<b>.</b>	1		
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-	MARAGE	City/State	and Zip Code  A D 4 6 1005  Thurse annual reports		
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For further informa	ation concerning this matter,	please call:			
_5	Name of Contact Pe	orson a	( <u>305</u> ) <u>9</u> Area Code E	16 575	<b>7</b> Number
Division of	G ADDRESS: of Corporations on Section		Divisio	ET ADDRESS: on of Corporations	
P.O. Box			Clifton 2661 E	ration Section Building Executive Center Ci assee, FL 32301	rcle
Enclosed is a check	k for the following amount:				
<b>Ø</b> \$125.		00 Filing Fee & ertificate of Status	S155.00 Filing F Certified Copy		00 Filing Fee, Certificate tus & 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:

2 FU64-	T PALASAIL Limited Liability Company; must include "I	. <u>ر</u> د		
(Name of Foreign L	inned Liabinty Company, must include a	Limited Liability Comp	any, E.E.C., or EEC. J	
If name unavailable, enter alternate nam	ne adopted for the purpose of transacting business	s in Florida. The alternate r	name must include "Limited Liability Comp	pany," "L.L.C," or "LLC.")
MARSIA.	7	2		
(Jurisdiction under the law of which	ch foreign limited liability company is organized)		(FEI number, if appli	cable)
12112011	2			
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to c	mor to registration.) determine penalty liability)		
5. 1410 OVE			SAME (Mailing Address)	
(Street Address of Pri	ncipal Office)	<del></del> .	(Mailing Address)	
MARATHO	S FL 33050			
<del></del>				
7. Name and street address	of Florida registered agent: (P.O.	Box NOT accept	able)	
<del> </del>		'	,	
Name:	HOWARD BALD	لماس	_	
	11610 00000000	1		
Office Address:	1410 OVERSONS	-ttw4	_	
	MALATADA (City)		, Florida <u>33050</u>	
	^		(Zip code)	
Registered agent's accepta Having heen named as req	ance: / \ isfered/agent and to accept sepots	a of nrocoss for th	a abaya statad limitad liabilit	v campany at the place
designated in this applicati	on, I hereby accept the appointments of all statutes relative to the p	ent as registered a	gent and agree to act in this	capacity. I further agr
to comply with the provisió and accept the obligations	ns of all statutes relative to the proof my position as registered agent	toper and complete	e performance of my duties, i	and I am familiar with
	MIMMOS	de	$\Lambda$	
	(Registered a	egent's signature)		
	7			

8. The name, title or capacity and address of Title or Capacity:	f the person(s) who has/have authority to manage is/are: <u>Name and Address:</u>	
MENBER	HOWARD BALDWIN	
	1410 OVERSEAS HWY	
	HOWARD BALDWIN 1410 OVERSEAS HWY MARATHON FL 33050	
(Use attachments if necessary)		
9. Attached is a certificate of existence, no n jurisdiction under the law of which it is orga of the translator must be submitted)	nore than 90 days old, duly authenticated by the official having custody of nized. (If the certificate is in a foreign language, a translation of the certif	records in the least under oath
10. This document is executed in accordance submitted in a document to the Department of	with section 605,0203 (1) (b), Florida Statutes. I am aware that any false f State constitutes a third degree felony as provided for in s.817.155, F.S.	information
A We	Signature of an authorized person	
+	MARS BALDWIN	
	Typed or printed name of signee	

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT Z FLIGHT PARASAIL LLC (W18793349), REGISTERED MAY 03, 2018, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 18, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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