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Florida Department of State  
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Foreign Limited Liability Company  
Azorra Aviation LLC (Delaware)

Certificate of Status	0
Certified Copy	1
Page Count	03
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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FEB 11 2019

**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. Azorra Aviation LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Azorra Aviation LLC (Delaware)  
(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.")

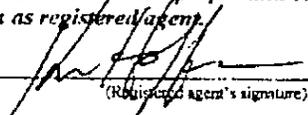
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)      3. 82-3088586 (FEI number, if applicable)

4. January 1, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 625.0904 & 605.0905, F.S. to determine penalty liability)

5. 350 SW 34th Street (Street Address of Principal Office)  
Fort Lauderdale, Florida 33315  
6. 350 SW 34th Street (Mailing Address)  
Fort Lauderdale, Florida 33315

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Kenneth Hoffman  
Office Address: 350 SW 34th Street  
Fort Lauderdale, Florida 33315  
(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:  

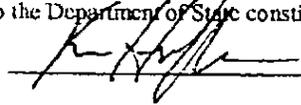
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Mgr</u>	<u>John Evans</u> <u>350 SW 34th St</u> <u>Fort Lauderdale FL 33315</u>		
<u>Mgr</u>	<u>Ken Hoffman</u> <u>350 SW 34th St</u> <u>Fort Lauderdale FL 33315</u>		

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(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  
Kenneth Hoffman  
Typed or printed name of signee

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AZORRA AVIATION 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 ELEVENTH DAY OF JANUARY, A.D. 2019.

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

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 SECRETARY OF STATE  
 FALLS CHASSE, FLORIDA



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202067586

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