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COVER LETTER

TO:	Registration Section Division of Corporations
en Du	Aviation Solutions Midco LLC
SUBJI	Name of Limited Liability Company
The en	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o ce, 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:
	Michael Sommers
	Name of Person
	Aviation Solutions Midco LLC
	Firm/Company
	2000 NE Jensen Beach Blvd.
	Address
	Jensen Beach, FL 34957
	City/State and Zip Code
	mike.sommers@stsaviationgroup.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Michael Sommers 800 800-2400 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclo	ed is a check for the following amount: S125.00 Filing Fee

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:

Delaware (Junsdiction under the law of whole) 01/02/2019	nich foreign limited liability company is organized)	3. 83-2918658	
01/02/2010	neh foreign timited flantiffy company is organized)		mber, if applicable)
. 01/02/2019		(FC) III	пцег, и аррикасте
			<u> </u>
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) rmine penalty liability)	
2000 NE Jensen Beach		6. 2000 NE Jensen Beach B	
(Street Address of P Jensen Beach, FL 3495		(Mailing Ai Jensen Beach, FL 34957	ddress)
Jensen Beach, FL 5495		Jensen Beden, P. B. 5 (50)	
			2019 550
	as of Florida manistered assets (D.O. Bo	ov. MOT aggertable)	
. Name and street addres	ss of Florida registered agent: (P.O. Bo	5x NOT acceptable)	PEB 19
Name:	Michael Sommers		19 To
Office Address:	2000 NE Jensen Beach Blvd.		the state of the s
omee Haares.	Jensen Beach		7 PA 1: 2
	(City)	, Florida <u>34957</u> (Zipe	ode)
Registered agent's accep	tance:		.764 🚥
comply with the provisi nd accept the obligation	tion, I hereby accept the appointment ions of all statutes relative to the propo s of my position as registered agent.	t as registered agent and agree to a	ct in this capacity. I further ag
o comply with the provisi nd accept the obligation.	tion, I hereby accept the appointment ions of all statutes relative to the propo s of my position as registered agent.	t us registered ugent and agree to a er and complete performance of m	ed liability company at the place ct in this capacity. I further ago y duties, and I am familiar with
o comply with the provisi and accept the obligation.	tion, I hereby accept the appointment ions of all statutes relative to the propes of my position as registered agent. By: (Registered agent	t as registered agent and agree to a er and complete performance of m t's signature)	ct in this capacity. I further ago y duties, and I am familiar with
o comply with the provisi and accept the obligation.	tion, I hereby accept the appointment ions of all statutes relative to the propos of my position as registered agent. By: Michael Sommers	t as registered agent and agree to a er and complete performance of m t's signature)	ct in this capacity. I further ago y duties, and I am familiar with
o comply with the provision accept the obligation. 8. The name, title or capa	tion, I hereby accept the appointment ions of all statutes relative to the propes of my position as registered agent. By: Michael Sommers (Registered agent active and address of the person(s) who	t as registered agent and agree to a er and complete performance of m t's signature) has/have authority to manage is/are	ct in this capacity. I further ago y duties, and I am familiar with
o comply with the provision accept the obligation. 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. By: Michael Sommers (Registered agent acity and address of the person(s) who Name and Address: Philip Anson, Jr. 2000 NE Jensen Beach Blve	t as registered agent and agree to a ser and complete performance of months of the signature) has/have authority to manage is/are Title or Capacity: CFO	ct in this capacity. I further ago y duties, and I am familiar with Name and Address: Michael Sommers 2000 NE Jensen Beach Bly
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Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVIATION SOLUTIONS MIDCO 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2019.



Authentication: 202263331

Date: 02-14-19