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## **COVER LETTER**

	gistration Section vision of Corporation	ns					
CUB IDAT.	MEM Business LLC						
SUBJECT:		Name of Limited Liability Company					
The enclose Existence, a	d "Application by For and check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authorizati enced foreign limite	on to Tra d liability	nsact Business in Florida," Certificate of company to transact business in Florida.		
Please retur	n all correspondence	concerning this matter to the	following:				
	Michael Somm	ers					
		N	ame of Person				
	MEM Business	LLC					
		F	irm/Company	_ <del>_ · _ ·</del>	<del></del>		
	2000 NE Jense	n Beach Blvd.					
	<del></del> .		Address				
	Jensen Beach,	F1_ 34957					
		City/S	State and Zip Code				
	mike.sommers@	stsaviationgroup.com					
		E-mail address: (to be use	d for future annual:	report not	ification)		
For further	information concernit	ng this matter, please call:					
М	ichael Sommers		800 at (	800-24	00		
<del></del>	Name	of Contact Person	Area Code	Day	rtime Telephone Number		
Di Re P.	vision of Corporation egistration Section O. Box 6327 ellahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ving amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$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:

If name unavailable, enter alternat	name adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Delaware		3. 83-2913613	
	which foreign limited liability company is organized)		number, if applicable)
01/02/2019			
	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605,0905, F.S. to det	or to registration.) termine penalty liability)	2019
2000 NE Jensen Bea	ch Blvd.	6. 2000 NE Jensen Beach	Blvd.
(Street Address of	f Principal Office)	(Mailing	Address)
Jensen Beach, FL 34	957	Jensen Beach, FL 34957	77 6
			<u> </u>
7. Name and street addr	ess of Florida registered agent: (P.O. E	Box NOT acceptable)	92 <b>%</b>
Name:	Michael Sommers		္လုံက တ
Office Address	2000 NE Jensen Beach Blvd.		
Office Address		2.1057	
designated in this applicated in the prov	registered agent and to accept service of attion, I hereby accept the appointment is ions of all statutes relative to the projets of my position as registered agent.	it as registered agent and agree to i	ted liability company at the place act in this capacity. I further agre
Having been named as designated in this applic to comply with the prov	(City)  ptance: registered agent and to accept service of attion, I hereby accept the appointment is ions of all statutes relative to the project.	of process for the above stated limi it us registered agent and agree to t per and complete performance of n	ted liability company at the place act in this capacity. I further agre
Having been named as lesignated in this applicated in this applicate comply with the provand accept the obligation	eptance: registered agent and to accept service of registered agent and to accept service of registered agent and to accept service of registered agent agent.  By: Michael Sommers  (Registered agent)	of process for the above stated liming as registered agent and agree to a per and complete performance of numbers of signature)	ted liability company at the place act in this capacity. I further agre- ny duties, and I am familiar with
Having been named as lesignated in this applicated in this applicate comply with the provand accept the obligation	continued to the property of the property of the property of the appointment of the property o	of process for the above stated liming as registered agent and agree to a per and complete performance of numbers of signature)	ted liability company at the place act in this capacity. I further agre- ny duties, and I am familiar with
Having been named as designated in this applicated in this applicate comply with the provend accept the obligation.  8. The name, title or ca	registered agent and to accept service of accept the appointment is ions of all statutes relative to the projects of my position as registered agent.  By: Michael Sommers  (Registered agent)  (Registered agent)	of process for the above stated limit as registered agent and agree to a per and complete performance of numbers (signature)  has/have authority to manage is/are	ted liability company at the place act in this capacity. I further agreenly duties, and I am familiar with
Having been named as designated in this applicated in this applicated comply with the provend accept the obligation.  The name, title or ca	eptance: registered agent and to accept service of ration, I hereby accept the appointment is sions of all statutes relative to the projects of my position as registered agent.  By: Michael Sommers  (Registered agent pacity and address of the person(s) who Name and Address:	of process for the above stated limit as registered agent and agree to a per and complete performance of notes signature) o has/have authority to manage is/are Title or Capacity:  CFO	ted liability company at the place act in this capacity. I further agree my duties, and I am familiar with
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Having been named as lesignated in this applicated in this applicated comply with the provand accept the obligation.  8. The name, title or cate Title or Capacity:  CEO / Manager  (Use attachments if necotors). Attached is a certificate or cartificate.	ptance: registered agent and to accept service reation, I hereby accept the appointment sions of all statutes relative to the propose of my position as registered agent.  By: Michael Sommers  (Registered agent and address of the person(s) who Name and Address:  Philip Anson, Jr.  2000 NE Jensen Beach Bly Jensen Beach, FL 34957  essary)  the of existence, no more than 90 days of which it is organized. (If the certifications)	of process for the above stated limit as registered agent and agree to a per and complete performance of notice signature)  o has/have authority to manage is/are Title or Capacity:  CFO  vd.	Name and Address:  Michael Sommers  2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957
Having been named as designated in this applicated in this applicated comply with the provand accept the obligation.  8. The name, title or cate Title or Capacity: CEO / Manager  (Use attachments if neconstruction under the late of the translator must be designed.)	ptance: registered agent and to accept service reation, I hereby accept the appointment sions of all statutes relative to the propose of my position as registered agent.  By: Michael Sommers  (Registered agent and address of the person(s) who Name and Address:  Philip Anson, Jr.  2000 NE Jensen Beach Bly Jensen Beach, FL 34957  essary)  the of existence, no more than 90 days of which it is organized. (If the certifications)	of process for the above stated limit as registered agent and agree to a per and complete performance of notices signature)  o has/have authority to manage is/are Title or Capacity:  CFO  vd.	net liability company at the place act in this capacity. I further agree by duties, and I am familiar with see:  Name and Address: Michael Sommers 2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "MEM BUSINESS 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.

3 000

Authentication: 202263268

Jeffrey W. Budlock, Secretary of State

Date: 02-14-19

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