

119006002127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

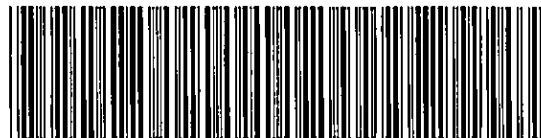
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FILED  
19 MAR - 1 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR 04 09:29  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
MAR 04 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 650508 8257319

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : February 28, 2019

ORDER TIME : 9:28 AM

ORDER NO. : 650508-025

CUSTOMER NO: 8257319

FOREIGN FILINGS

NAME: MURRAY AIR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Murray Air, LLC

\_\_\_\_\_  
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:

Peggy Cassin

\_\_\_\_\_  
Name of Person

Global Jet Capital

\_\_\_\_\_  
Firm/Company

83 Wooster Heights Road, Suite 503

\_\_\_\_\_  
Address

Danbury, CT 06810

\_\_\_\_\_  
City/State and Zip Code

pcassin@globaljetcapital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Cassin

203

448-4459

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$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:

1. Murray Air, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")  
GJC Murray Air, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-2653458  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 83 Wooster Heights Road, Suite 503  
(Street Address of Principal Office)
6. 83 Wooster Heights Road, Suite 503  
(Mailing Address)
- Danbury, CT 06810  
Danbury, CT 06810

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

Corporation Service Company  
By: Roxanne Turner

(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Shawn Vick

☐ Member Address: 83 Wooster Heights Rd, #503

☐ Authorized Danbury, CT 06810

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☒ Manager Name: Vivek Kaushal

☐ Member Address: 83 Wooster Heights Rd, #503

☐ Authorized Danbury, CT 06810

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

☒ Manager Name: Christopher Paul

☐ Member Address: 83 Wooster Heights Rd, #503

☐ Authorized Danbury, CT 06810

Person \_\_\_\_\_

☒ Other Vice President ☒ Other Secretary

**Title or Capacity:** **Name and Address:**

☐ Manager Name: James Noonan

☐ Member Address: 83 Wooster Heights Rd, #503

☐ Authorized Danbury, CT 06810

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

☐ Manager Name: David Labrozzi

☐ Member Address: 83 Wooster Heights Rd, #503

☐ Authorized Danbury, CT 06810

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

☒ Manager Name: Susan Marr

☐ Member Address: 83 Wooster Heights Rd, #503

☐ Authorized Danbury, CT 06810

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Christopher Paul

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MURRAY AIR, 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MURRAY AIR, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2018.

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



7155635 8300

SR# 20191600214

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202348006

Date: 02-28-19