## M19000002550

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

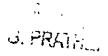
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## COVER LETTER

TO:

Registration Section

Div	rision of Corporations					
SUBJECT:	INTERCARIBBEAN AIRWAYS LTD. LLC					
30bbite1.		ted Liability Co	Dinpany			
The enclosed Existence, ar	d "Application by Foreign Limited Liability Company and check are submitted to register the above referenced	for Authorizati I foreign limite	on to Transact Business in Florida," Certificate of d liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to the follo	owing:				
	Adriana Gibson					
	Name	of Person				
	INTERCARRIBEAN AIRWAYS LTD. LLC					
	Firm/Company					
	4500 North Hiatus Road Suite 205					
Address						
	Sunrise, Florida 33351					
	City/State	and Zip Code				
	adriana.gibson@intercaribbean.com					
	E-mail address: (to be used for	future annual r	eport notification)			
For further i	nformation concerning this matter, please call:					
Ad	Iriana Gibson at	386	3153332			
	Name of Contact Person	Area Code	Daytime Telephone Number			
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 ilahassee, FL 32314	] 	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTME \$125.00 Filing Fee \$ Certificate of Status		Filing Fee & S160.00 Filing Fee, Certificate			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

Turks and Caicos Islands  (Jurisdiction under the law of whice	th foreign limited hability company is organized)		1446261	
(Jurisdiction under the law of who	h foreign limited hability company is organized)			_
		<u> </u>	(FEI number, of ap	7019 MAR
	(Date first transacted business in Florida, if prior to	registration )		- 版 <b>5</b>
	(See sections 605 0904 & 605 0905, F.S. to determ	ine penalty liability	J	- F
4500 North Hiatus Road			) North Hiatus Road	
(Street Address of Pro	ncipal Office)	0	(Mailing Address)	<u> </u>
Suite 205		Suite	205	17 To
Sunrise, Florida 33351		Sunr	rise, Florida 33351	
Name and <u>street address</u>	of Florida registered agent: (P.O. Box	NOT accep		
	of Florida registered agent: (P.O. Box David Bryan	NOT accep		
Name:		NOT accep		
Name: Office Address:	David Bryan			

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Adriana Gibson David Bryan Manager Name: Manager Address: \_\_\_\_ Address: 4500 North Hiatus Road ■ Member Member Suite 205, Sunrise Suite 205, Sunrise Authorized Authorized Florida, 33351 Florida, 33351 Person Person Other\_\_\_\_ Other Other Other\_\_\_\_\_ Name: Manager 🗌 Name: \_\_\_\_\_ Manager Member Address: Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_ Name: \_\_\_\_\_ Manager Manager Manager Member | Member Address: \_\_\_\_\_ Address: \_ Authorized ☐ Authorized Person Person ∏Ōlher Other\_\_\_\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. David Bryan

Typed or printed name of signee

