# 111900000315

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)						
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### COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	Viewpoint Aerial Imaging LLC.	
	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica , and check are submitted to register the above referenced foreign limited liability company to transact business in Flo	
Please	urn all correspondence concerning this matter to the following:	
	Josh Murphy	
	Name of Person	
	Viewpoint Aerial Imaging LLC.	
	Firm/Company	
	1524 F St. SW	
	Address	
	Miami, OK 74354	cath*1
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	-
For fu	er information concerning this matter, please call:	
	Rhiannon Murphy 541 591-3706	<b>~31</b> -
	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	
Enclos	is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy 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:

Viewpoint Aerial Imagi				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability C	ompany," "L.L.C.," or "LLC.")	
Viewpoint Aerial Agricul	ture LLC.	_		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alten	sate name must include "Limited Liah	nlity Company," "L.L.C," or "LLC.")
Oregon		3. 8	1-3941481	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-		er, if applicable)
1 n/a				
1. 104	(Date first transacted business in Florida, if prior to	registration.)		<del></del>
	(See sections 605.0904 & 605.0905, F.S. to determi	•	•	
5. 2219 SKP Way Wauch		6. <u>1</u> :	524 F St SW Miami, OK 1	
(Street Address of I	Tuicipai Office)		(Mailing Addr	uss)
	·····			
		_		
<ol> <li>Name and <u>street addres</u></li> </ol>	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> acc	eptable)	
Name:	Josh Murphy			
, valitie,				
Office Address:	2219 SKP Way			
	Wauchula		, Florida 33873 (Zip code	
	(City)		Zip code	
Registered agent's accep	tance:			
ind accept the obligation.	s of my position as revistored agent.	Au-h	_	
	(Registered agent	signature)		2019
D 771 .'.t	· · · · · · · · · · · · · · · · · · ·		1	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address:		nority to manage is/are:	Name and Rodress:
Title or Capacity.	Marik and Addi Css.	<u> </u>	or Capacity.	CO 2
owner	Josh Murphy			
	1524 F St. SW	_		
	Miami, OK-74354	_		25 -
owner				등 <b>( )</b>
	Rhiannon Murphy 1524 F.St.SW			<u> </u>
	Miami, OK 74354	_		
(Use attachments if neces	earv)			
(1) The title of t				
	of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)			
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	uted in accordance with section 605,020( the Department of State cons <u>tit</u> utes a th			
addinated in a document to	The repairment of that constitutes a th		L.	CONCERNITHENERY TORPS
		/N/WY	My	
	Signature	of an authoriz	ed person	
	Josh Murphy	' 0		
	JASH MIULDHY			

Typed or printed name of signee

## State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

## Certificate of Existence 761U885H6

I, LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

#### VIEWPOINT AERIAL IMAGING LLC

is

#### Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE

2/25/2019