



The company with "Solutions to Keep You Flying!"

March 20, 2019

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: STS Holdings, Inc. Withdrawal / STS Holdings, LLC Registration

Dear Florida Division of Corporations:

We are writing to inform you that we have withdrawn our DE Corporation, STS Holdings, Inc. on March 20, 2019 from the State of Florida. STS Holdings, Inc. was converted to an LLC in its home state of Delaware in January 2019.

Attached to this letter are a check and an application to register the new entity, STS Holdings, LLC. The EIN Number remains the same for this new LLC.

We were instructed to write this letter to you so that our filing does not get rejected because the name 'STS Holdings' was already in use. This entity is one in the same, with the only difference being it was converted from a corporation to an LLC.

Please feel free to reach out if there are any additional questions.

Thank you,

A handwritten signature in cursive script that reads "Christina Seifert".

Christina Seifert
Executive Assistant
(800) 800-2400 x 8041
Christina.seifert@stsaviationgroup.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STS Holdings, 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:

Michael C. Sommers
Name of Person
STS Holdings, 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 further information concerning this matter, please call:

Michael Sommers at (800) 800-2400 x 8834
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. STS Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 65-0790032 (FEI number, if applicable)

4. 3/20/2019 (Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 NE Jensen Beach Blvd. (Street Address of Principal Office)
6. 2000 NE Jensen Beach Blvd. (Mailing Address)
Jensen Beach, FL 34957 Jensen Beach, FL 34957

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

Name: Michael Sommers
Office Address: 2000 NE Jensen Beach Blvd.
Jensen Beach, Florida 34957
(City) (Zip code)

FILED
SECTION 605.0902
MAR 27 PM 1:06

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.

By: [Signature]
(Registered agent's signature)

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]:

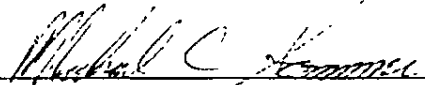
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Philip Anson, Jr.</u>	<input type="checkbox"/> Manager	Name: <u>Michael C. Sommers</u>
<input type="checkbox"/> Member	Address: <u>2000 NE Jensen Beach Blvd.</u>	<input type="checkbox"/> Member	Address: <u>2000 NE Jensen Beach Blvd.</u>
<input type="checkbox"/> Authorized Person	<u>Jensen Beach, FL 34957</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Jensen Beach, FL 34957</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input checked="" type="checkbox"/> Other <u>CFO</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2019 MAR 27 09:41:06
 STATE OF FLORIDA
 DEPARTMENT OF STATE

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

Michael C. Sommers

 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STS HOLDINGS, 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 TWENTIETH DAY OF MARCH, A.D. 2019.




Jeffrey W. Bullock, Secretary of State

2812516 8300

SR# 20192127409

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202484877

Date: 03-20-19