Office Use Only



400328153144

U4/25/19--01008--028 **160.00

19 年 25 有認品

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GLOBAL AVIATION	N LOGISTICS	S		
& SUPPORT LLC				
<u> </u>				
				Art of Inc. File
	•			LTD Partnership File
				Foreign Corp. File
			X	L.C. File
				Fictitious Name File
		}		Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
		1		Annual Report / Reinstatement
			$\overline{\lambda}$	Cert. Copy
				Photo Copy
			<u> </u>	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: Seth	04/25/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
		•		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:

TO:		istration Section sion of Corporations							
A. 180		GLOBAL AVIATION LOGISTICS AND SUPPOR	T LLC						
SUBJECT: Name of Limited Liability Company									
The end Existen	closed ice, an	"Application by Foreign Limited Liability Company d check are submitted to register the above reference	/ for Authorizati ed foreign limite	ion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida.					
Please	return	all correspondence concerning this matter to the following	owing:						
		PAUL CAMP LANE, Attorney							
		Name	e of Person						
		Lanc & Associates, P. A.							
		Firm	/Company						
		5401 S. Kirkman Rd. Ste. 310							
			Address						
		Orlando, FL 32819							
		City/State	e and Zip Code						
		rapcl@aol.com							
		E-mail address: (to be used for	or future annual	report notification)					
For fu	rther i	information concerning this matter, please call:							
Paul Camp Lane, Attorney		nul Camp Lane, Attorney	407	316-0343					
		Name of Contact Person	Area Code	Daytime Telephone Number					
	Di Re P.	AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 allahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	PI	nclosed is a check for the following amount: ease make check payable to: FLORIDA DEPARTM \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of State	\$155.00	TE O Filing Fee & S160.00 Filing Fee, Certification of Status & Certified Copy					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTIIORIZATION 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:

(Name of Foreign L	OGISTICS AND SUPPORT LLC mited Liability Company; must include "Limited	I Liability	Company," "L.L.C.," or "LLC.")		
E	se advered for the numeric of transacting business in Flor	rida The al	ernate name must include "Limited Liability Company," "L.L.	.C," or "LLC].")
WYOMING	a surface in the purpose in the surface in the surf		83-4453912		
2 (Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		
None yet					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ine penalty) jiabihty)		
c/o Lane & Associates, P. A. (Street Address of Principal Office)		ć	c/o Lane & Associates, P. A.		
		0.	(Mailing Address)		•
5401 S. Kirkman Rd. S	uite 310		5401 S. Kirkman Rd. Suite 310		.
Orlando, FL 32819			Orlando, FL 32819		
. Name and street addres	s of Florida registered agent: (P.O. Box	x <u>Not</u>	acceptable)	THE PARTY	
Name:	Paul Camp Lane, Attorney			20	٠
Office Address:	5401 S. Kirkman Rd., Stc. 310			MH: 17	
	Orlando		32819 , Florida		
	(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.

Fall Go Land
(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Lawrence Chastang Name: _____ Manager Manager c/o Lane & Associates, PA Member Address: Member 5401 S. Kirkman Rd. Ste. 310 ☐ Authorized Authorized Orlando, FL 32819 Person Person President ___Other_____ Other_____ Other Other Paul Camp Lane, Attorney Name: _____ Manager Name: Manager 5401 S. Kirkman Rd. Ste. 310 Address: _____ Member Member Orlando, FL 32819 Authorized **■** Authorized Person Person Other__ Other____ Other_ Other Manager Namc: _____ Manager Address: _ Member Address: Member Authorized Authorized Person Person 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. Paul Camp Lane

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

GLOBAL AVIATION LOGISTICS & SUPPORT LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 18, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000851766**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of April, 2019 at 9:57 AM. This certificate is assigned 030844833.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.