

MI90000005899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

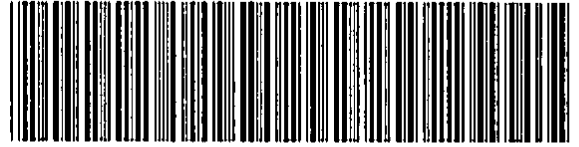
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/07/19--01020--017 **125.00

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19 JUN 14 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY

JUN 18 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2019

ALICIA MEDINA
1550 MADRUGA AVE, STE 220
CORAL GABLES, FL 33146

SUBJECT: SMB AIRCRAFT, LLC
Ref. Number: W19000046933

We have received your document for SMB AIRCRAFT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00010991

RECEIVED
JUN 14 2019

*name fixed -
comma removed.
A. H. J.*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2019

ALICIA MEDINA
1550 MADRUGA AVE, STE 220
CORAL GABLES, FL 33146

SUBJECT: SMB AIRCRAFT, LLC
Ref. Number: W19000046933

We have received your document for SMB AIRCRAFT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00009622

5-20-19
Cert of Good Standing attached

RECEIVED
MAY 31 2019

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SMB Aircraft, LLC
SUBJECT: _____
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:

Alicia Medina

Name of Person

Jarvis & Associates, P.A.

Firm/Company

1550 Madruga Avenue, Suite 220

Address

Coral Gables, Florida 33146

City/State and Zip Code

am@jarvislaw.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Medina

at (305) 448-4848

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

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19 JUN 14 PM 4:46
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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. ~~SMB Aircraft, LLC~~ SMB Aircraft 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. 30-1140104
(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. 2104 Lakehaven Point
(Street Address of Principal Office)

6. 2104 Lakehaven Point
(Mailing Address)

Longwood, Florida 32779

Longwood, Florida 32779

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

Name: Jarvis & Associates, P.A.

Office Address: 1550 Madruga Avenue, Suite 220

Coral Gables, Florida 33146
(City) (Zip code)

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19 JUN 14 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

James W. Jarvis
(Registered agent's signature)

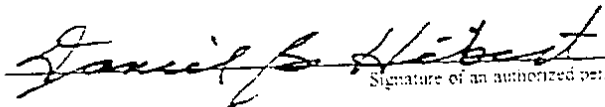
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Dan Hébert	<input checked="" type="checkbox"/> Manager	Name:	Seth Bernstein
<input type="checkbox"/> Member	Address:	655 Madison Avenue	<input type="checkbox"/> Member	Address:	655 Madison Avenue
<input type="checkbox"/> Authorized		20th Floor	<input type="checkbox"/> Authorized		20th Floor
Person		New York, NY 10065	Person		New York, NY 10065
<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			<input type="checkbox"/> Authorized		
Person			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			<input type="checkbox"/> Authorized		
Person			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			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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

Dan Hébert

Typed or printed name of signer

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19 JUN 14 PM 4:44
SEAL MAY 27 2019
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMB AIRCRAFT 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 NINETEENTH DAY OF APRIL, A.D. 2019.

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



6115368 8300

SR# 20192987620

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202674404

Date: 04-19-19