Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002103113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone : (850)777-2091

Fax Number : (770)220-1943

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*

Email Address:

## Foreign Limited Liability Company **Embraer Solutions, LLC**

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July 11, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: EMBRAER SOLUTIONS, LLC

REF: W19000063320

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please send a clearer copy of the application in order to be scanned.,

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) 245-6051.

Zakiya M Brown Regulatory Specialist II FAX Aud. #: H19000210311 Letter Number: 019A00013973

## COVER LETTER

TO:	Registration Section Division of Corporation	cs cs				
SUBJE	EMBRAER SOLU	TIONS, LLC				
		Name of	Limited Liability	Сопаралу		•
The en	closed *Application by Fo	reign Limited Liability Com ed to register the above refer	peny for Authoriz reaced foreign lim	ation to Tr ited liabilit	ly company to transact busi	ness in Plorida.
Picase	lease return all correspondence concerning this matter to the following:					- i !
	Sharon K. Gra	<b>у</b>			LATI	=
		•	isms of Person		ASS.	- : :
	Triad Profession	onal Services			E.C.	P
		F	#rm/Company		$\Xi_{v}$	+
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			Address		,	
	Alpharetta, G/	<del></del>				
	hals, urfarte@oos	•	State and Zip Code	,		
		B-mail address: (to be use	d for future armus	report no	tification)	,
For fur	ther information concernit	ng this matter, please call;				
	Sharon K. Gray		770 st.(	777-20	91	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
٠	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassoo, FL 32314			Division Registrati Clifton B 2661 Exc	of Corporations ion Section huilding contive Center Circle ion, FL 32301	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ring amount:  13 \$130.00 Filing Poo & Certificate of Status	网 \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "EMBRAER SOLUTIONS, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMBRAER SOLUTIONS, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2019.

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

PM 4: 15 Ur SIATE E. FLORIDA

7506513 8300 5R# 20195902339

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

WSIC,

Authentication: 203190021

Date: 07-10-19

(((H19000210311 3)))