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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

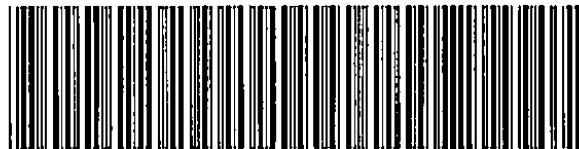
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11 JUL 5 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY
JUL 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TopView Aerial Solutions, 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:

Felix R. Rios Ortiz

Name of Person

TopView Aerial Solutions, LLC

Firm/Company

210 Ash Breeze Cv

Address

Saint Augustine, FL 32095

City/State and Zip Code

topviewaerialsolutions@gmail.com

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

For further information concerning this matter, please call:

Felix R. Rios Ortiz

703

423-9222

at ()

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

19 JUL -5 PM 4:48
STATE
TALLAHASSEE
FLORIDA

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. TopView Aerial Solutions, 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. Commonwealth of Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4633643
(TEI number, if applicable)

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

5. 22605 Upperville Heights SQ
(Street Address of Principal Office)

6. 210 Ash Breeze Cv
(Mailing Address)

Ashburn, VA 20148
Saint Augustine, FL 32095

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

Name: Felix R. Rios Ortiz

Office Address: 210 Ash Breeze Cv

Saint Augustine 32095
(City) Florida (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.

Felix R. Rios Ortiz
(Registered agent's signature)

19 JUL -5 PM 4:48
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FLORIDA
STATE
CLERK'S
OFFICE

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Felix R. Rios Ortiz
☐ Member Address: 210 Ash Breeze Cv
☐ Authorized Saint Augustine, FL 32095
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: Evelyn Delgado Roman
☐ Member Address: 210 Ash Breeze Cv
☒ Authorized Saint Augustine, FL 32095
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

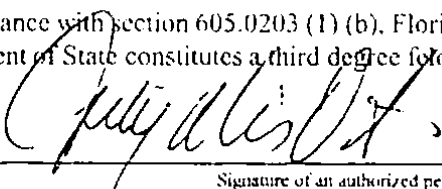
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ 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

Felix R. Rios Ortiz

Typed or printed name of signer

19 JUL -5 PM 4:46
FILED
FALL AVE
TALLAHASSEE, FL 32304
CLERK OF THE COURT

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

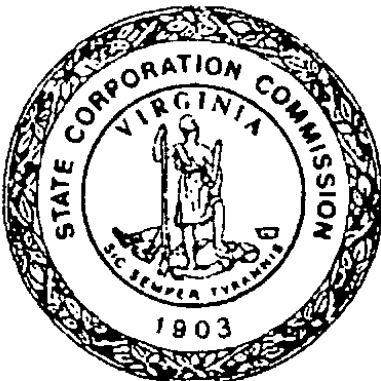
I Certify the Following from the Records of the Commission:

That TopView Aerial Solutions, LLC is duly organized as a limited liability company under the law of Commonwealth of Virginia;

That the date of its organization is February 2, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date.
July 1, 2019*

Joel H. Peck
Joel H. Peck, Clerk of the Con