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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations	:		
SUBJ	AirplanesUSA, LLC			
		Name of Limi	ted Liability Company	
				Business in Florida," Certificate of any to transact business in Florida.
Please	return all correspondence co	ncerning this matter to the follo	owing:	
	Tim Kenney			
		Name	of Person	
	Business Aviatio	n Law Group PLLC		20 TA
		Firm/Company		FIL SECRE IAR ALLAHASI
	631 Highway 1,	Suite 410		L 22 HASSI
		Ac	idress	[L] — [Lawine]
	North Palm Beac	th, FL 33408		ST - D
		-	and Zip Code	D7
	steve@airplanesus		<u> </u>	
For fu	rther information concerning	·	future annual report notification	n)
	Tim Kenney		888 661-3223	
	Name of	Contact Person		clephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDR Division of Corp Registration Sect Clifton Building 2661 Executive (Tallahassee, FL.	orations tion Center Circle
	Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTME	NT OF STATE	
	\$125.00 Filing Fee	S130.00 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 COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AirplanesUSA, LLC				
(Name of Foreign AirplanesUSA Aircraft Sa	Limited Liability Company: must include "Limited Liability Company: must include "Limited Liability Laboratory".	ated Liability Company," "L.L.C.,	," or "LLC.")	
(It name unavailable, enter alternate n	name adopted for the purpose of transacting business in	Florida. The alternate name must includ	le "Limited Liability Comp	any," "L.L.C," or "LLC."]
Illinois		04-3787689 3.		
(Jurisdiction under the Liw of w	hich foreign limited liability company is organized)	J	(FEI number, if applied	able)
May 1, 2019				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration.) rmine penalty liability)		
905 W. Irving Park Ro	pad Schaumburg, IL 60193	905 W. Irving Pa	ark Road Schaumh	
7. Name and street address Name: Office Address:	Registered Agents Inc. 7901 4th St N STE 300		TALLAHASSEE. FLORIDA	FILED POIS JUL 22 PM 4:07
	St. Petersburg	Florida	33702	
	(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.

Registered agent's signature)

8. For initial index manage [up to six (6	ing purposes, list names, title or capacity and act) total]:	Idresses of the primary m	embers/man	agers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Steven I. Feldman	Manager	Name:	
Member	Address:	☐ Member	Address: _	
Authorized	Millbrac, CA 94030	Authorized		
Person		Person		
[_]Other		Other		Other
☐Manager	Name:	☐ Manager	Name:	
☐iMember	Address:	☐ Member	Address: _	
Authorized		Authorized		ZEI TAL
Person		Person		A
Other	Other	Other		ASSSATION TO THE PROPERTY OF
☐Manager ☐Member	Name:	☐ Manager ☐ Member	Name:	PH 4: 07 OF STATE E. FLOSIOA
Authorized		Authorized	-	
Person		Person		
Other	Other	Other	<u>_</u>	Other
9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	s executed in accordance with section 605.0203 ment to the Department of State constitutes a this constitutes a thing section for the Department of State Constitutes as the State of S	orida Department of State duly authenticated by the e is in a foreign language. (1) (b), Florida Statutes.	Annual Reposition official having a translation	oort form. ng custody of records in the n of the certificate under oath that any talse information
	Steven I. Feldman			

Typed or printed name of signee

File Number

0111948-6

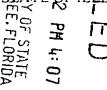


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

AIRPLANESUSA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 20, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS NOT THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD

day of A

APRIL

A.D. 2019

Authentication #1 1911301852 verifiable until 04/23/2020
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE