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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG, KOCHE & FOSTER

Account Number : 072731001155 Phone : (813)253-2020

Fax Number : (813)251-6711

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

Email Address: tseemann@barnettbolt.com

## Foreign Limited Liability Company PRIVATE AVIATION GROUP HANGAR, LLC

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## APPEICATION 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: Private Aviation Group Hangar, 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 Florids. The alternate name must include "Limited Liability Company," "LLC," or "LLC.") Delaware (FEI number, if applicable) (Inrisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 601 S. Harbour Island-Blvd., Suite 213A 601 S. Harbour Island Blvd., Suite 213A (Mailing Address) (Street Address of Principal Office) 5 Tampa, FL 33602 Tampa, FL 33602 5 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) David L. Koche Name: 601 Bayshore Blvd., Suite 700 Office Address: . 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. (Registered agent's signature) David L. Koche 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Siddhartha Pagidipati Manager 601 S. Harbour Island Blvd., Suite 213A Tampa, FL 33602 (Use attachments if necessary) 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 \$\displaystyle{0}\$5.0203 (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

Typed or printed name of signed

David L. Koche, Authorized Person

BarnettBolt

10:09:28 a.m. 08-28-2019

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRIVATE AVIATION GROUP HANGAR, 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2019.

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

2019 AUG 28 PM 4: 33

7577128 8300 SR# 20196753457

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

Jeffrey W Bullech, Becretary of State

Authentication: 203487319

Date: 08-28-19