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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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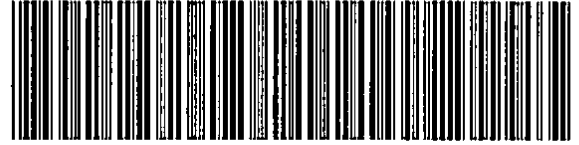
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aergem Aviation Partners 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:

RONALD T. BEVANS JR.

Name of Person

LAW OFFICES RONALD T. BEVANS JR.

Firm/Company

1221 Brickell Ave. Suite 2660

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

rthevans@bevanslaw.com

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

For further information concerning this matter, please call:

RONALD BEVANS

Name of Contact Person

at ( 954 ) 383 1676

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

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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. AERGEN AVIATION PARTNERS 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. 84-3006509  
(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. 1221 Brickell Ave.  
(Street Address of Principal Office)

6. 1221 Brickell Ave.  
(Mailing Address)

Suite 2660

Suite 2660

Miami Florida 33131

Miami Florida 33131

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

Name: RONALD T. BEVANS Jr.

Office Address: 1221 Brickell Ave. Ste. 2660

Miami

Florida

33131

(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.

Ronald T. Bevens Jr.  
(Registered agent's signature)

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FILED

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: Adolfo Diaz

☒ Member

Address: 1221 Brickell Ave

☐ Authorized

Suite 2660

Person

Miami FL 33131

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

Title or Capacity:

Name and Address:

☐ 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.

Ronald T. Evans Jr.

Signature of an authorized person

RONALD T. EVANS JR.

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AERGEM AVIATION PARTNERS, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AERGEM AVIATION PARTNERS, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2018.

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



7178235 8300

SR# 20196980904

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203572915

Date: 09-11-19