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### COVER LETTER

### TO: Registration Section Division of Corporations

Quogue Aviation IV LLC

SUBJECT: \_

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:

	Na	me of Person	
DLA Piper LLP	(US)		
	Fir	m/Company	
444 West Lake S	Street, Suite 900		
		Address	
Chicago, IL 606	06		
	City/Sta	ate and Zip Code	
angel.avalos@us.	dlapiper.com		
<u> </u>	E-mail address: (to be used	for future annual	report notification)
r information concerning	this matter, please call:		
r information concerning Angel Avalos Jr.	this matter, please call:	312 at (	368-3912
Angel Avalos Jr.	this matter, please call: Contact Person	at (	_)
Angel Avalos Jr. Name of MAILING ADDRESS:		_ at (	Daytime Telephone Number STREET ADDRESS:
Angel Avalos Jr. Name of MAILING ADDRESS: Division of Corporations		_ at (	Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations
Angel Avalos Jr. Name of MAILING ADDRESS: Division of Corporations Registration Section		_ at (	Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations Registration Section
Angel Avalos Jr. Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		_ at (	Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations Registration Section Clifton Building
Angel Avalos Jr. Name of MAILING ADDRESS: Division of Corporations Registration Section		_ at (	Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations Registration Section
Angel Avalos Jr. Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for th	Contact Person	_ at ( Area Code	Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Angel Avalos Jr. Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for th	Contact Person	_ at ( Area Code MENT OF STA	Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 TE
Angel Avalos Jr. Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for th	Contact Person	_ at ( Area Code MENT OF STA	Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## 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.	Quogue Aviatio	n IV	LLC	
1				

fname unavailable, enter alternate na	ime adopted for the purpose of transacting business in Florid	in The alte	emate name must inclu	ie "Limited Lizbility Company," "L	.L C," or "EL	C."}
Delaware		3.				_
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)			(FEI number, if applicable)		
N/A						
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration ) penalty ii	ability)			
101 Central Park We		6.	101 Central	Park West, Suite 1F		
(Street Address of P	nncipal Office)	0. (Mailing Address)				-
New York, NY 10023			New York, N	IY 10023		
		-				-
		-				-
Name and street addres	s of Florida registered agent: (P.O. Box )	<u>NOT</u> a	cceptable)		~	
					633	
Name:	C T Corporation System					
iname:	1200 South Pine Island Road				20	
Office Address:						
	Plantation			33324	<u> </u>	
	(Cip.)		Florida	(Zip code)	$\omega$	

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.

and accept the obligations of my position as registered agent. By: C T Corporation System Candice Pignataro, Assistant Secretary (Registered agent's signature)

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:	Title or Capacity:	Name and Address:
Manager	Name: Quogue Operations Management, LLC	Manager	Name: Victor M. Seitles
Member	Address:	🗌 Member	Address: Address:
Authorized	New York, NY 10023	Authorized	New York, NY 10023
Person		Person	
Other	Other	Other	Other
Manager	Name:	🔲 Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person	·····	Person	
Other	Other	Other	Other
			Name: R
Manager	Name:	🔲 Manager	
Member	Address:	Member 🗌	Address: <u> </u>
Authorized		Authorized	
Person		Person	
Other	Other	Other	□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. 1 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

Victor M. Seitles

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUOGUE AVIATION IV 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 NINETEENTH DAY OF NOVEMBER, A.D. 2019.

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

2019 KC 20 / CH+ 37

Page 1



Jettrey W. Bullock, Secretary of State

Authentication: 204040425 Date: 11-19-19

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SR# 20198176387 You may verify this certificate online at corp.delaware.gov/authver.shtml