

12/16/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
M190003615311967

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190003615313)))



H190003615313ABC\$

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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

**Foreign Limited Liability Company**

**KIRA Aviation Services LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

T GLASS

DEC 17 2019

Electronic Filing Menu

Corporate Filing Menu

Help

((H19000361531 3)))

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. KIRA Aviation Services 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. Tribal Law of CCTHITA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 4208 198th St. SW, Suite 104-C  
(Street Address of Principal Office)

6. 4208 198th St. SW, Suite 104-C  
(Mailing Address)

Lynnwood, WA 98036

Lynnwood, WA 98036

2019 DEC 16 PM 3:23

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

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS BLVD, STE. 400

FORT MYERS, Florida 33907  
(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.

Nancy Luna  
(Registered agent's signature)

((H19000361531 3)))

((H19000361531 3)))

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: Richard Rinehart  
☐ Member Address: 4208 198th St. SW, Suite 104-C  
☐ Authorized Lynnwood, WA 98036  
Person \_\_\_\_\_  
☐ 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 \_\_\_\_\_

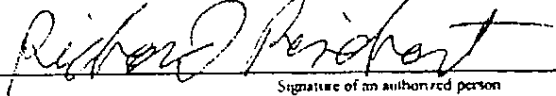
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ 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)

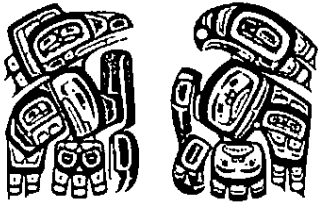
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Richard Rinehart

\_\_\_\_\_  
Typed or printed name of signee

((H19000361531 3)))



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*  
Office of the President • Edward K. Thomas Building  
9097 Glacier Highway • Juneau, Alaska 99801

---

((H19000361531 3)))

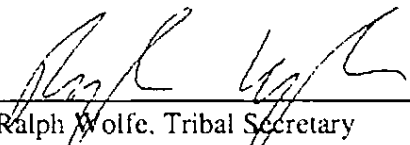
December 13, 2019

RE: Certificate of Existence of KIRA Aviation Services LLC

To Whom It May Concern:

Please accept this letter as certification of the existence of KIRA Aviation Services, LLC. KIRA Aviation Services, LLC existence is complete and has been on file since August 3, 2016 with the Central Council of the Tlingit and Haida Indian Tribes of Alaska, which is a federally recognized tribe. KIRA Aviation Services LLC is licensed to do business as a Limited Liability Company (LLC) under our tribal code.

If you have any questions, please contact Tlingit Haida Tribal Business Corporation, CEO, Richard Rinehart at [rrinehart@thtbc.com](mailto:rrinehart@thtbc.com) or 888-295-4404.

  
\_\_\_\_\_  
Ralph Wolfe, Tribal Secretary  
Central Council of the Tlingit and Haida Indian Tribes of Alaska

2019 DEC 16 PM 3:23

((H19000361531 3)))