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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

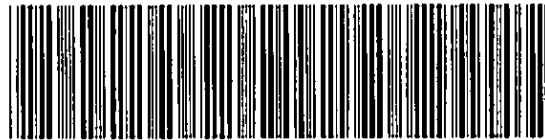
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/19 --01013--024 **130.00

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2019 DEC -2 P 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 03 2020

T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVIATION CAPITAL 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:

YANELLE M. BARINAS

of Person

BARINAS & ASSOCIATES INC

/Company

5701 NW 36TH ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

JBARINAS@BARINASASSOCIATES.COM

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

For further information concerning this matter, please call:

YANELLE M. BARINAS

Name of Contact Person

305

at (_____) _____

Area Code

871-0889

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

DEPARTMENT OF STATE



\$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 COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

1. AVIATION CAPITAL 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. 47-0982097

(FEI number, if applicable)

4. (Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.)

(to registration) (same penalty liability)

5. 1201 N. ORANGE ST

(Street Address of Principal Office)

6. 8724 SUNSET DRIVE

(Mailing Address)

SUITE 600

SUITE #174

WILMINGTON, DE 19801

MIAMI, FL 33173

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

Name: BARINAS & ASSOCIATES INC

Office Address: 5701 NW 36TH ST

VIRGINIA GARDENS

(City,

, Florida 33166

(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)

FILED
2019 DEC -2 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

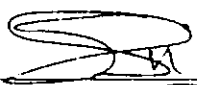
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: SIVANATHAN SIVARASA	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1201 N ORANGE ST, STE 600	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	WILMINGTON, DE 19801	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

SIVANATHAN SIVARASA

Typed or printed name of signee

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:48 PM 05/12/2014
FILED 02:48 PM 05/12/2014
SRV 140609976 - 5532273 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is AVIATION CAPITAL LLC

Second: The address of its registered office in the State of Delaware is 1201 N.
ORANGE ST., SUITE 400 in the City of WILMINGTON
Zip code 19801 The name of its Registered agent at such address is
AGENTS AND CORPORATIONS, INC.

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

22 day of APRIL 2014

By [Signature]
Authorized Person(s)

Name SIVANATHAN S. JAYARAJ

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVIATION CAPITAL 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 TWELFTH DAY OF MAY, A.D. 2014.



5532273 8300

140609976

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1365273

DATE: 05-12-14

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is AVIATION INVESTMENT

Second: The address of its registered office in the State of Delaware is 1200 N.
BRIDGE STREET, SUITE 200 in the City of DELMAR, DE.
Zip code 19941 The name of its Registered agent at such address is
WILLIAM ANDERSON, PH.D., INC.

Third: (Use this paragraph only if the company is to have a special effective date of
dissolution. "The latest date on which the limited liability company is to dissolve is
_____")

Fourth: (Insert any other matters the members determine to include hereinafter)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

22 day of October, 2007

By _____

Authorized Person(s)

Witness _____



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

9859361

10-03-2019

BARINAS & ASSOCIATES, INC.
5701 NW 36TH ST.
MIAMI, FL 33166

ATTN: YANELLE

DESCRIPTION	AMOUNT
5532273 - AVIATION CAPITAL LLC Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, 24 Hour	\$40.00
TOTAL CHARGES	\$90.00
TOTAL PAYMENTS	\$90.00
BALANCE	\$0.00

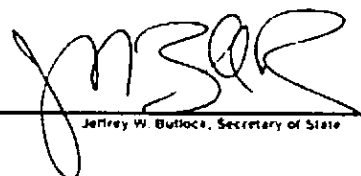
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AVIATION CAPITAL 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 THIRD DAY OF OCTOBER, A.D. 2019.




Jeffrey W. Bullock, Secretary of State

5532273 8300

SR# 20197322901

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

Authentication: 203705786

Date: 10-03-19