

N 20000000363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

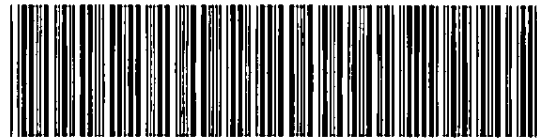
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000105291

Office Use Only



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11/14/13--01012--012 \*\*130.00

FILED  
2015 DEC 10 PM 2:33  
TALLAHASSEE, FLORIDA

✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2019

DAVID M. PLATT  
2427 PERIWINKLE WAY  
STE:B  
SANIBEL, FL 33957

SUBJECT: AVENTURE AVIATION, LLC  
Ref. Number: W19000105291

We have received your document for AVENTURE AVIATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 219A00024918

Donald A. Sherman  
Joan A. Sherman  
P.O. Box 718  
Captiva, Florida 33924

December 27, 2020

Florida Department of State  
Division of Corporations  
Registration Division  
Attn: Yvette Scott  
P.O. Box 6327  
Tallahassee, Florida 32314  
RE: Aventure Aviation, LLC

2019 DEC 10 PM 2:33  
TALLAHASSEE, FLORIDA

Dear Ms. Scott:

This letter is in regard to the registration of Aventure Aviation, LLC, a Delaware LLC as a foreign LLC authorized to do business in Florida.


It is our desire to revoke the filings M28000002720 and W18000021957. We do not intent to reinstate Aventure Aviation as a Florida LLC.

It is our intention to register Aventure Aviation, LLC as a foreign LLC pursuant to filing W1900105291.

Should you have questions regarding this letter, I would ask that you contact our attorney:

David M. Platt, P.A.  
2427 Periwinkle Way, Ste. B  
Sanibel, Florida 33957  
Telephone: 239-472-5400  
Email: [david.platt@sancaplaw.com](mailto:david.platt@sancaplaw.com)

Sincerely,



Donald A. Sherman

  
Joan A. Sherman

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Adventure Aviation, 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:

David M. Platt

\_\_\_\_\_  
Name of Person

David M. Platt, P.A.

\_\_\_\_\_  
Firm/Company

2427 Periwinkle Way, Ste. B

\_\_\_\_\_  
Address

Sanibel, Florida 33957

\_\_\_\_\_  
City/State and Zip Code

david.platt@sancaplaw.com

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

For further information concerning this matter, please call:

David M. Platt

239

472-5400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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

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. Aventure Aviation, 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 3. 82-4074689  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 16760 Captiva Dr. 6. P.O. Box 718  
(Street Address of Principal Office) (Mailing Address)  
Captiva, Florida 33924 Captiva, Florida 33924

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

Name: Joan A. Sherman  
Office Address: 16760 Captiva Drive  
Captiva 33924  
(City) (Zip code)  
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.

Joan A. Sherman  
(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:**

☒ Manager Name: Joan Sherman

☒ Member Address: 16760 Captiva Dr.

☐ Authorized Captiva, Florida 33924

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

Joan A. Sherman

Typed or printed name of signer

# Delaware

The First State

Page 1


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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVENTURE AVIATION LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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

2019 DEC 10 PM 2:34  
J. W. BULLOCK, SECRETARY OF STATE  
TA-1 AHASSI, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6714032 8300

SR# 20197757016

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

Authentication: 203930431

Date: 11-04-19