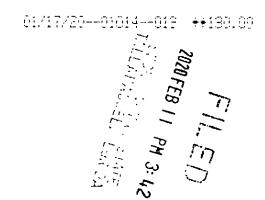
## NROCCOILSY

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
wa000009132				

Office Use Only



600338943326



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January 29, 2020

JOHN J. CUSHING JR. 3357 PITCHER PLANT CIRCLE PENSACOLA, FL 32506

SUBJECT: SUN SEA AVIATION LLC

Ref. Number: W2000009132

We have received your document for SUN SEA 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 220A00002156

RECEIVED
FEB 1 1 2020

## **COVER LETTER**

TO:

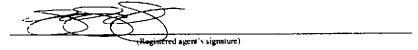
	SUN AND SEA AVIATION LLC					
SUBJECT	Name of Limited Liability Company					
The enclose Existence,	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorizat referenced foreign limite	tion to Transact Business in F ed liability company to transa	lorida, ct busi	" Cert iness in	ificate of 1 Florida
Please retu	rn all correspondence concerning this matter t	o the following:				
	JOHN J CUSHING JR		<del>.</del>	4	2	
		Name of Person			020 FEB 1	<u> </u>
		Firm/Company	(1	1	- PH	
	3357 PITCHER PLANT CIRCLE	· · · · · · · · · · · · · · · · · · ·		<u>ار</u> 	ည်	$\supset$
	DENIS COLA EL 2250/	Address	7. ***	) <u></u>	: 42	
	PENSACOLA, FL 32506				-	
	C	City/State and Zip Code				
	JOHNNYCUSH@GMAIL.COM				_	
	E-mail address: (to be	e used for future annual i	report notification)			
For further	information concerning this matter, please ca	11:				
10	OHN J CUSHING JR	630 at (	781-3162 )		_	
	Name of Contact Person	Area Code	Daytime Telephone Nu	mber		
	Iailing Address: egistration Section	Street Address: Registration Se	ction			
Division of Corporations		Division of Corporations				
	.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1:	allahassee, FL 32314	Tallahassee, FI				
Pl	nclosed is a check for the following amount: lease make check payable to: F1.ORIDA DEF  \$125.00 Filing Fee \$130.00 Filing Fe  Certificate of	e & 🔲 \$155.00 Filir	ng Fee & 🛘 🗆 \$160.00 Filit			

## 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:

ame unavailable, enter alternate r	same adopted for the purpose of transacting business in Fic	orida. The alternate name must include "Lit	mited Liability Company, L.L.C.	" or "L
LLINOIS		84-4232549	El number, if applicable)	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (F)	El number, if applicable)	
N/A			FEB	
	Date first transacted business in Florida, if prior to a	evistration )	<u> </u>	["
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determin			ſ
357 PITCHER PLAN	T CIRCLE	SAME 6. (Mailing Address)		ζ
Address of Principal Office)		(Mailing Address)	3 <b>42</b> LGRIDE	
ENSACOLA, FL 325	06		D. 10	
	06 ss of Florida registered agent: (P.O. Box	NOT acceptable)	3> 10	
		NOT acceptable)	D. 10	
Vame and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	D. 10	
Name:	SS of Florida registered agent: (P.O. Box  JOHN J CUSHING JR	32506		

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.



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 Capacit	<u>v:</u>	Name and Address:
<b>≅</b> Manager	JOHN J CUSHING JR	□Manager	Name:	
■Member	Address: 3357 PITCHER PLANT CIRCI	□Member	Address:	
■Authorized	PENSACOLA, FL 32506	□Authorized		
Person		Person	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
□Other		□Other		.□Other <u>~</u>
□Manager	Name:	□Manager	Name:	Other 7020 FEB
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	<del></del>	Person		24 <b>5</b>
□Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. 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
JOHN J CUSHING JR	
	Iyped or printed name of stenee



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SUN AND SEA AVIATION LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 09, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of FEBRUARY A.D. 2020

Authentication #: 2003603696 verifiable until 02/05/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE