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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Global Aero Solutions LLC	
		Name of Limited Liability Company
		oility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this ma	itter to the following:
	Robert V. Raskey	
		Name of Person
	Global Aero Solutions LLC	
	Firm/Company	
	-	Address
	Port Orange, FL 32129	
	* ** · · · · · · · · · · · · · · · · · 	City/State and Zip Code
	globalaerosolutions@gmail.com	1
	E-mail address:	(to be used for future annual report notification)
For fur	ther information concerning this matter, plea	se call:
	Steven I. Feldman	847 331-3133 -
	Name of Contact Person	Area Code Daytime Telephone Number-
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA S125.00 Filing Fee \$130.00 Filing Certifity	DEPARTMENT OF STATE

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:

t name unavailable, enter alternate	name adopted for the purpose of transacting business in Florid	la. The altern	ate name must inc	lude "Limited Lia	bility Com	uny," "1,.1,	.C," or "L!
Delaware		85 3.	-0740306				
(Jimsduction under the law of which foreign limited liability company is organized)		2. <u> </u>	(Fl:1 number, if applicable)				
	(National Control of the Control of Control	i Indiana					
	(Date first transacted business in Florida, if prior to regi (See sections 605 0904 & 605,0905, F.S. to determine p	penalty liabil	ity)				
	Global Aero Solutions LLC			olutions LLC	;		•
reet Address of Principal Office)		6	(Mailing Adding	er)	<u> </u>		
3511 Silverside Road Suite 105		121	19 Pagano (Court			
Wilmington, DE 1981	0	Por	t Orange, F	L 321 2 9			
Name:	Robert V. Raskey						,, -3
Office Address:	1219 Pagano Court				411	ir Gi	1 1 2 1
	Port Orange, FL		, Florida	32129			
	(Citvi			(Zin code)		-	
esignated in this applica comply with the provise	(Citvi	egist <mark>ered</mark>	the above sta agent and a	(Zin code) uted limited li gree to act in	iability o this ca	pacity.	I fu
nd accept the obligation	o oj mj posmon us registereu ugem.		DocuSigne —ر	ed by:			
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Manager

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Steven I. Feldman Robert V. Raskey Name: ☐ Manager Name: □Manager 1219 Pagano Court Address: ____ 630 Cutwater Lane Address: **≅**Member **⊞**Member Foster City, CA 94404 Port Orange, FL 32129 □ Authorized ☐ Authorized Person Person □Other_ Other____ Other ☐Other □Manager Name: □ Manager Name: Address: □Member Address: ☐ Member □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other_____ □ Other_____ Name: ■ Manager Name: □Manager Address: _____ □Member Address: □Member □ Authorized ☐ Authorized .____ Person Person □Other_____□Other____□ □Other_____ □()ther 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. 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.817.455, F.S. Robert V. Raskey.
— 816556DE 12F9427

Typed or printed name of signee



State of Belaware

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

8352170 TIM KENNEY 631 HIGHWAY 1, SUITE 410 NORTH PALM BEACH, FL 33408 06-02-2020

\$0.00

7699276 - GLOBAL AERO SOLUTIONS LLC		
Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00

BALANCE

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GLOBAL AERO SOLUTIONS 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 SECOND DAY OF JUNE, A.D. 2020.



Authentication: 203034502

Date: 06-02-20