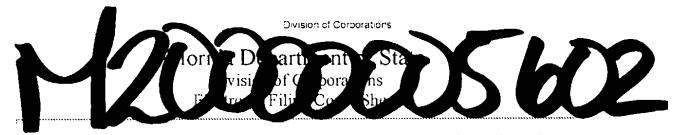
6/24/2020



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.

(((H20000193984 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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 SASOF IV (A5) LLC

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	art .	COVER LETTER	• • • • • • • • • • • • • • • • • • • •
	istration Section ision of Corporations.		غ _ي
SUBJECT:	SASOF IV (A5) LLC		
SUBJECT:	Nam	e of Limited Liability Company	
The enclosed Existence, ar	H "Application by Foreign Limited Liability of check are submitted to register the above	Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busin	Certificate of less in Florida
Please return	all correspondence concerning this matter t	to the following.	
	Lisa Baptiste, Corporate Administrator	Γ	
		Name of Person	
	Carlyle Aviation Partners Ltd.		
		Firm/Company	
	848 Brickell Avenue Suite 500		
		Address	
	Miami Florida 33131		
		City/State and Zip Code	
	LisaB@carlyle.aero		2023
	E-mail address: (to b	e used for future annual report notification)	, _
For further is	nformation concerning this matter, please ca	all.	2
Lis	a Baptiste	786 476-2383	:
	Name of Contact Person	at () Area Code Daytime Telephone Number	
Re Di P.O	gistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	0:
Ple	closed is a check for the following amount. ase make check payable to, FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe		Certificate

Certificate of Status

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of Status & Certified Copy

H200001939843

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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

name unavailable, erter alternate i	ame adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited Liability Co	empany," "L.E.C," or "EL
Delaware, U.S.A.		3	
(Junisduction under the law of w	hich foreign limited liability company is organized)	(FIII number, if app	licable)
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	r to registration) ermine penalty liability)	
848 Brickell Avenue S	uite 500	848 Brickell Avenue Suite 500	
reet Address of Francipal Office)		G. (Mailing Address)	
Miami FL 33131		Miami FL 33131	72
			15 2
_			
		<u></u>	
Name and street addre	ss of Florida registered agent. (P.O. B	ox <u>NOT</u> acceptable)	
Name and street addre		ox <u>NOT</u> acceptable)	
Name and street addre	ss of Florida registered agent. (P.O. B Corporate Service Company	ox <u>NOT</u> acceptable)	O. O.
Name.		ox <u>NOT</u> acceptable)	•
	Corporate Service Company	ox <u>NOT</u> acceptable)	•
Name.	Corporate Service Company	NOT acceptable) 32301	•

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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 Capacity:	Name and Address:
≣ Manager	Name. William D. Hoffman	■Manager	Name: Robert G. Korn
□Member	Address. 848 Brickell Avenue Suite 500	□Member	Address: 848 Brickell Avenue Suite 500
□Authorized	Miami FL 33131	□Authorized	Miami FL 33131
Person		Person	
□Other	□ Other	□Other	□Other
□Manager	Name.	□Manager	Name
□Member	Address.	□Member	Address.
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other :
□Manager	Name	□Manager	Name
□Member	Address.	□Member	Address.
□Authorized		□ Authorized	·
Person		Person	
Other		□Other	Other

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.817.155, F.S.

Sera M. Baptiste
Signature of an outlanged person

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SASOF IV (A5) 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 TWENTY-THIRD DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SASOF IV (A5) LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2020.

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



Authentication: 203160462

Date: 06-23-20