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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

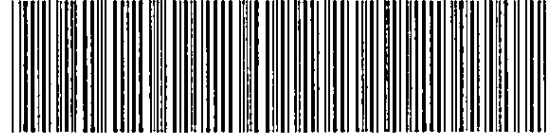
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 337698 7649546
AUTHORIZATION : 
COST LIMIT : \$160.00

ORDER DATE : JULY 1, 2020
ORDER TIME : 9:30 AM
ORDER NO. : 337698-005
CUSTOMER NO: 7649546

FOREIGN FILINGS

NAME: XOJET AVIATION LLC

☒ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XOJET 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:

JEROME J JOONDEPH

Name of Person

XOJET AVIATION LLC

Firm/Company

1901 West Cypress Creek Road, Suite 600A

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

jjoondeph@xojet.com

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

For further information concerning this matter, please call:

Jerome J. Joondeph

Name of Contact Person

650

at (_____) _____

Area Code

454-9291

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. XOJET 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 (4087290) 3. 71-0994172
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 1, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1901 West Cypress Creek Road 6. 1901 West Cypress Creek Road
(Street Address of Principal Office) (Mailing Address)
Suite 600A Suite 600A
Fort Lauderdale, FL 33309 Fort Lauderdale, FL 33309

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (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.

Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

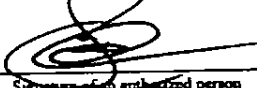
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Kevin Thomas</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Neil Book</u>
<input type="checkbox"/> Member	Address: <u>1721 S.E. 17th St</u>	<input type="checkbox"/> Member	Address: <u>180 N. Stetson</u>
<input checked="" type="checkbox"/> Authorized	<u>Apt 245</u>	<input type="checkbox"/> Authorized	<u>29th Floor</u>
Person	<u>Fort Lauderdale, FL 33316</u>	Person	<u>Chicago, IL 60601</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jerome Joondeph</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Frank McCourt</u>
<input type="checkbox"/> Member	Address: <u>40 Tagus Court</u>	<input type="checkbox"/> Member	Address: <u>888 Seventh Avenue, 10106</u>
<input checked="" type="checkbox"/> Authorized	<u>Portola Valley, CA 94028</u>	<input type="checkbox"/> Authorized	<u>43rd Floor</u>
Person	_____	Person	<u>New York, NY 10106</u>
<input checked="" type="checkbox"/> Other <u>Chief Administra</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Michelle Bauman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Nicholas van der Meer</u>
<input type="checkbox"/> Member	Address: <u>2927 Avon Road</u>	<input type="checkbox"/> Member	Address: <u>Villa St. Cross</u>
<input checked="" type="checkbox"/> Authorized	<u>Rocklin, CA 95765</u>	<input type="checkbox"/> Authorized	<u>Triq il-Fortizza</u>
Person	_____	Person	<u>Madliena, Malta-EU</u>
<input checked="" type="checkbox"/> Other <u>Chief Human Re</u>	<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
Jerome J. Joondeph,
Chief Administrative Officer
 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XOJET 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 TWENTY-NINTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XOJET AVIATION LLC" WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 2006.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.
Jeffrey W. Bullock, Secretary of State

4087290 8300

SR# 20205955539

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

Authentication: 203190240

Date: 06-29-20