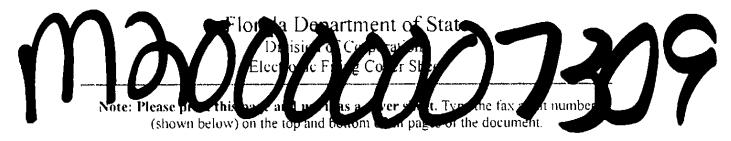
8/20/2020

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

53

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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			mailin										

Foreign Limited Liability Company

FlightBridge, LLC

Certificate of Status 0

Certified Copy 0

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 Estimated Charge
 \$1,041.25

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IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

IN FLORIDA

f name mayadable, enter alternate p	aine adopted for the purpose of transacting business in Fl	orida. The alternate name must inclu-	de "Lumied Liabili	ty Сонцрану." "	I,.L.C," or	ī.kc:
Delaware		80-0822803 3.				
Durschetion under the law of w	high foreign limited liability company is organized)	J	(Etil number,)	f applicable)		-
1/1/2017						
·	(Date first transacted business in Florida, if prior to (See sections 605 0901 & 605 0905, F.S. to determ	registration) ine penalty liability)	·	_		
590 Means St., Suite 2		300 West 57th St.				
treet Address of Principal Office)		6. (Mailing Address)			·.	-
Atlanta, GA 30318		New York, NY 10	0019	孤	2	
					9820 ka	- -
			. <u> </u>	<u> 술년</u> - 건설	#1. #3 #4	- F ^F
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)				,
					Ü	,
Name:	C T Corporation System			201	ሚ¥ ሚ¥	
Name:	1200 C . I D' . I.I I D I			٠.	n (2)	
Office Address:	1200 South Pine Island Road					
	Plantation		33324			
(City)		, Florida	(Zip code)	_		

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.

Ву:	C.T. Corporation System K.im Wasilowski					
	(Registered agent's signature) Kim Wasilewski, Asst Secretary					

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Richard P. Malloch	∑ Manager	Name: Thomas D. Cross
□Member	Address:	□Member	Address: 1745 North Brown Road #130
□Authorized	New York, NY 10019	□Authorized	Lawrenceville, GA 30043
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	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.

Catherine A. Bostam	
 Signature of an authorized person	
Catherine A. Bostron, Secretary	
 Typed or printed name of squees	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLIGHTBRIDGE, 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 TWENTIETH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203509421

Date: 08-20-20