# M20000007848

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DATE: 9/10/20

. . . .

NAME: TUCKER JETS LLC

**TYPE OF FILING: APPLICATION** 

COST: 125.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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### COVER LETTER

.

#### TO: Registration Section Division of Corporations

SUBJECT:	Tucker Jets, LLC
<u> </u>	Name of Limited Liability Company
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of tek are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all c	prrespondence concerning this matter to the following:
	Denise Annunciata
	Name of Person
	Velawcity Legal Support Services
	Firm/Company
	60 Eaton Road
	Address
	Framingham, MA 01701
	City/State and Zip Code
	denisc@velawcityinc.com
_	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Annunciata	508 310-1001 at ( )	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	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 DEPARTMENT OF STATE

🔳 \$125.00 Filing Fee	🗌 🗆 \$130.00 Filing Fee & 🛛 🗌	\$155.00 Filing Fee &	S160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	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:

	name adopted for the purpose of transacting business in Fl				
	name adopted for the purpose of transacting business in Fl	orida. The alterna	e name must include "Limited Liability Cor	npany," "LL.C." or *	
Delaware			ot applicable		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	rganized) (FEI number, if applicable)			
September, 2020					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability	;}		
6300 NE 1st Avenue, Ste. 102		6300 NE 1st Avenue, Ste. 102			
treet Address of Principal Office)		6	(Mailing Address)	<u> </u>	
Fort Lauderdale, FL 33334		For	Fort Lauderdale, FL 33334		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	able)		
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Geoff Peckham		uable)	20/0	
	Geoff Peckham		uable) 	20/0 S	
Name:	Geoff Peckham		able) 	2070 S - 10 P	

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.

Geoff Peckham \_\_\_\_\_ (Registered

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:	Manager	Name: _	Robert Roschman
□Member	Address: 6300 NE 1st Avenue, Ste. 102	□Member		6300 NE 1st Avenue, Ste. 102
□Authorized	Fort Lauderdale, FL 33334	□Authorized	Fort Lauderdale, FL 33334	
Person		Person		
Other	Other	Other		Other
Manager	Jonathan Jackson	□Manager	Name:	
□Member	Address: 6300 NE 1st Avenue, Ste. 102	□Member	Address:	
□Authorized	Fort Lauderdale, FL 33334	Authorized		
Person		Person		
Other	Other	Other		
				S 0202
□Manager	Name:	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		<u></u>
Other	0ther	Other		Other

<u>Important Notice:</u> 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.

DocuSigned by:	
Geoff Peckham 493453038F51480	

#### Geoff Peckman, Manager

-				
T VDec	or	ncipted	name of	signed



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TUCKER JETS, 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 TENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUCKER JETS, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2020.

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

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SR# 20207198982 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203629152 Date: 09-10-20

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