

3/8/2021

Division of Corporations

FILE FIRST: H21000093979

FILE SECOND: H21000093982 3

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(((H21000093982 3)))



H210000939823ABC1

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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****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
Precise Aviation, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

FILE SECOND: AFTER
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US
3/9/21

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. Precise Aviation, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 8446 NW 58th Street
(Street Address of Principal Office)

6. 8446 NW 58th Street
(Mailing Address)

Miami, FL 33166

Miami, FL 33166

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Stephanie Hencz Stephanie Hencz, assistant secretary 3/8/2021
(Registered agent's signature)

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TALLAHASSEE FL
STATE

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:**

☒ Manager Name: Alex Lallanilla

☐ Member Address: 8446 NW 58th Street

☐ Authorized _____

Person Miami, FL 33166

☐ Other _____ ☐ Other _____

☒ Manager Name: Rolando Garcia, Jr.

☐ Member Address: 8446 NW 58th Street

☐ Authorized _____

Person Miami, FL 33166

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Brian Birkan

☐ Member Address: 8446 NW 58th Street

☐ Authorized _____

Person Miami, FL 33166

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ 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 Inv 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

Brian Birkan

Typed or printed name of signer



**PRECISE
AVIATION INC**

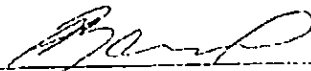
8446 NW 58th Street, Miami, Florida 33166

CONSENT TO USE OF NAME
(Pursuant to 607.0821, F.S. and 607.1506 (5), F.S.)


Dated March 8, 2021

Precise Aviation, Inc., a Florida corporation (the "Corporation"), having an effective registered name, hereby consents to the qualification of Precise Aviation, LLC, a Delaware limited liability company in the State of Florida.

IN WITNESS WHEREOF, the Corporation has caused this consent to be executed by its President and attested by its Secretary, this 8 day of March, 2021.

By: 
Name: Rolando Garcia, Jr.
Its: President

Attest:


Abraham Espinoza, Secretary

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SECRETARY OF STATE
TALLAHASSEE, FL

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRECISE 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 EIGHTH DAY OF MARCH, A.D. 2021.

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

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SECRETARY OF STATE
DELAWARE, DE



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

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Date: 03-08-21