(Requestor's Name)						
(Acidress)						
(Address)						
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☐ PICK-JP ☐ WAIT ☐ MAIL						
(Business Entity Name)						
(Document Number)						
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8

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 704519 8283575

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE: March 15, 2021

ORDER TIME : 1:14 PM

ORDER NO. : 704519-005

CUSTOMER NO: 8283575

#### FOREIGN FILINGS

NAME: NMS AVIATION LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

### COVER LETTER

	NMS Aviation LLC							
DJECI	JECT: Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori						
ease return	all correspondence concerning this matter t	to the following:						
	Susan Healey, Esq.							
		Name of Person						
	Dorilton Capital Management	20						
		Firm/Company						
	32 Avenue of the Americas, 26th Fl							
		Address						
	New York, NY 10013	Address  Only/State and Zip Code  Only/State 2 Address						
	(	City/State and Zip Code						
	susan.healey@doriltoncapital.com							
	E-mail address: (to be	e used for future annual report notification)						
r further in	formation concerning this matter, please ca	II:						
Susan Healey		929 267-3995 at ()						
<u></u>	Name of Contact Person	at ()						
Mailing Address: Registration Section		Street Address: Registration Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						
Tall	lahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	osed is a check for the following amount: se make check payable to: FLORIDA DEF	A DTMENT OF STATE						
	125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate						

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEX THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

-	Limited Liability Company; must include "Limited				
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	nda The	ilternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")	
Delaware 2.			86-2376469 3.		
(Jurisdiction under the law of w	hich foreign lumited liability company is organized)		(FEI number, if :	applicable)	
4	(Date first transacted business in Florida if prior to re	nortest Live			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	e penalty	liability)		
32 Avenue of the Ame	ricas, 26th Fl	6	32 Avenue of the Americas, 26th	h.Fl.	
(Street Address of Principal Office)			(Mailing Address)		
New York, NY 10013			New York, NY 10013	图 55	
Name:	S of Florida registered agent: (P.O. Box  CORPORATION SERVICE COMPAN				
Office Address:	1201 HAYS ST				
	TALLAHASSEE		32301 Florida	_	
	(City)		(Zip code)	_	
designated in this applicate to comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper of s of my position as registered agent.	registe	red agent and agree to act in th	is capacity. I further agree	

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: Title or Capacity: Name and Address: Name and Address: Matthew Savage **David Dahlquist** □ Manager □Manager 32 Avenue of the Americas 32 Avenue of the Americas Address: □Member □ Member 26th Fl 26th FI □ Authorized □ Authorized New York, NY 10013 New York, NY 10013 Person Person Director Director □Other\_ Other □Other ☐Other [ Name: Stephanie Dattilo □Manager □ Manager 32 Avenue of the Americas □Member Address: □Member Address: 26th F1 □ Authorized □ Authorized New York, NY 10013 Person Person **∃**Other <sup>Director</sup> Other □Other\_\_\_\_\_ □Other □Manager □ 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. 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. Susan Healey

Typed or printed name of signce

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NMS 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 FIFTEENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NMS AVIATION

LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202730474

Date: 03-15-21

5009878 8300 SR# 20210907801