

M21000003280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

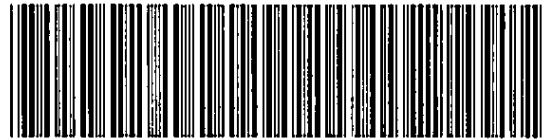
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000033972

Office Use Only



200360499382

02/22/21--01022--016 **160.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 23 PM 2:44

FILED

US
3/23/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2021

KYLE P. BLOM
17145 6TH ST N.
LOXAHATCHEE, FL 33470

SUBJECT: KB AVIATION LLC
Ref. Number: W21000033972

We have received your document for KB AVIATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 721A00005353

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KB 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:

Kyle P Blom
Name of Person

KB Aviation LLC
Firm/Company

17145 68th St N
Address

Loxahatchee, FL 33470
City/State and Zip Code

KYLEKBMARINE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
2021 MAR 23 PM 2:44
CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE

For further information concerning this matter, please call:

ROBIN BLUM at (561) 605-8089
Name of Contact Person Area Code 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. KB 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 File # 4083484 3. 85-3833066
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17145 65th ST N 6. SAME
(Street Address of Principal Office) (Mailing Address)

Loxahatchee
FL 33470

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

Name: Kyle BLOM

Office Address: 17145 65th ST N

Loxahatchee FL, Florida 33470
(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.

[Signature]
(Registered agent's signature)

FILED
2021 MAR 23 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FL

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]:

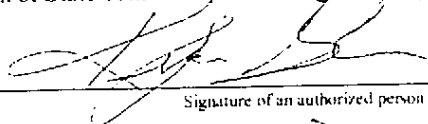
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Kyle BLOM</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Anthony Gioffre</u>		
<input type="checkbox"/> Member	Address:	<u>17145 68th ST N</u>	<input type="checkbox"/> Member	Address:	<u>10046 TRAILWOOD CIR</u>		
<input type="checkbox"/> Authorized Person		<u>Loxahatchee FL</u>	<input type="checkbox"/> Authorized Person		<u>Jupiter FL</u>		
		<u>33470</u>			<u>33478</u>		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	<u>KB MARINE Sales INC</u>	<input type="checkbox"/> Manager	Name:			
<input checked="" type="checkbox"/> Member	Address:	<u>17145 68th ST N</u>	<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person		<u>Loxahatchee</u>	<input type="checkbox"/> Authorized Person				
		<u>FLORIDA, 33470</u>					
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person				
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other				

FILED
2021 MAR 23 PM 2:44
SECRETARY OF STATE

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

Kyle BLOM
Typed or printed name of signer

Delaware

The First State

Page 1

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KB AVIATION LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2020.

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

2021 MAR 23 PM 2:44
RECEIVED
OFFICE OF THE SECRETARY OF STATE
DELAWARE

FILED



4083686 8300

SR# 20210972083

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202775048

Date: 03-19-21