# 2100000618

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICE, 40 <sup>th</sup>	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special instruction	to Filing Officer

Office Use Only



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v 31 207 MARCHEN CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 822365 4337513

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 19, 2021

ORDER TIME : 11:01 AM

ORDER NO. : 822365-005

CUSTOMER NO: 4337513

### FOREIGN FILINGS

NAME: V1 AERO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

#### V1 AERO LLC

265 SW 180th Avenue Pembroke Pines, FL 33029

May 18, 2021

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Consent to Use of Entity Name - VI Aero, LLC

Dear Madam/Sir:

V1 Aero LLC, a Florida limited liability company assigned document number L21000216153, hereby consents to the use of the name "V1 Aero, LLC" by V1 Aero, LLC, a Delaware limited liability company, and Derek Princinsky for the purpose of registering the Delaware limited liability company to transact business in Florida.

Very truly yours.

VI AERO LLC....

a Florida limited liability company

Name: Derek Princinsky

Title: Sole Member

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Co	mpany," "L.L.C.," or "LLC.")		
finame unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The alter	nate name must include "Limited Liabi	ility Company," "L.l	L.C," or "LLC
Delaware					
	hich foreign limited liability company is organized)	3	(FEI number,	Total State	
Ourisalization under the law of w	nich toreign imnica (mothly company is organized)		(Fizi manoet,	ii appricatiici	
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to determ	o registration.) nine penalty liabi	lity)	<del></del>	
265 SW 180th Avenue 5			5 SW 180th Avenue		
treet Address of Principal Office)		0	(Mailing Address)		
Pembroke Pines, Florid	da 33029	Per	mbroke Pines, Florida 3302	29	
	<del></del>			. <u></u>	
	·				
. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	eptable)	<u>.</u> .	282
				•	71. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
	Derek Princinsky			•	~~
Name:			<u> </u>		0
067 111	265 SW 180th Avenue				P 🔆
Office Address:			<del></del>		-
	Pembroke Pines		33029 , Florida	٠, ک	ר
	(City)		, riorida (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.

(Registered agent's signature)

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: Derek Princinsky Name: Name: □Manager Address: \_\_ 265 SW 180th Avenue **■**Member □Member Address: Pembroke Pines, Florida 33029 ☐ Authorized □ Authorized Person Person □ Other Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ □Manager □Manager □Member Address: Address: ⊡Member ☐ Authorized □ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Name: □Manager Name: □Manager Address: Address: \_\_\_\_\_ □Member □Member □ 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. Signature of an authorized person

Typed or printed name of signee

Derek Princinsky

Page 1



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

DELAWARE, DO HEREBY CERTIFY "V1 AERO, 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 MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "V1 AERO, LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2021.

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

A La do Carto

Authentication: 203240484

Date: 05-19-21

5927640 8300 SR# 20211886171