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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	AIRE1 Holdings, LLC						
O() DUL		e of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid					
Please re	eturn all correspondence concerning this matter to	o the following:					
	Michael Weingart						
		Name of Person					
	AIREI Holdings, LLC						
		Firm/Company					
	2701 NW Boca Raton Blvd STE 104						
	Address						
	Boca Raton. FL 33431						
	City/State and Zip Code						
	mweingart@aire1.com						
	E-mail address: (to be	used for future annual report notification)					
For furth	er information concerning this matter, please cal	II:					
Michael Weingart		561 567-8732 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 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
Tallanassee, FL 32314		Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & \$\Bigcup \$\Bigcup \text{\$\Bigcup \text{					

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AIRE1 Holdings, LLC	Limited Liability Company; must include "Limited	11:55	ty Company ""I I C " or "I I C		
(Name of Foleign	Tantice Clashity Company, must include Tantice	1.120111	is company. The in the	.)	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida The	e alternate name must include "Limite	ed Liability Company,"	"L L C," or "LEC."]
Delaware 2.	hich foreign limited liability company is organized)	3	83-3388230	number, if applicable)	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI n	umber, if applicable)	
N/A 4.					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registratio ne penalty	on) y liability)		
2701 NW Boca Raton			2701 NW Boca Raton Bl		
(Street Address of Principal Office)			(Mailing Address)	•	
Boca Raton, FL			Boca Raton, FL		
33431			33431		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	_acceptable)	<i>- 0</i> 0	202
Name:	Michael Weingart				5 1 HAY 27
Office Address:	2701 NW Boca Raton Blvd STE 104			<i>€</i> , -<	(PPCPS)
	Boca Raton		33431 , Florida	STATI E. FL	ED: 48
	(City)		(Zip code	:) M	u

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:		
■Manager	Name: Michael Weingart	■Manager	Name: Germano Carreira		
□Member	Address: 2701 NW Boca Raton Blvd	□Member	Address: 2701 NW Boca Raton Blvd		
□Authorized	STE 104	□Authorized	STE 104		
Person	Boca Raton, FL 33431	Person	Boca Raton, FL 33431		
□Other	Other	□Other	Other		
□Manager	Name: Frank Duemmler	□Manager	Name:		
■Member	Address: 2701 NW Boca Raton Blvd	□Member	Address:		
□Authorized	STE 104	□Authorized			
Person	Boca Raton, FL 33431	Person			
□Other	Other	□Other	Other		
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
Other	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.

Signature of an authorized person

MICHAEL WEWGATT

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "AIRE1 HOLDINGS 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 TWENTIETH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIRE1 HOLDINGS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

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

Authentication: 203251852

Date: 05-20-21

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