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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 T.O.F. Air LLC

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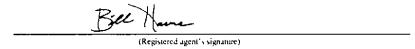
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	name adopted for the purpose of transacting business in Florida	Fise alternate flame must inc	nuce "Limited Liability Con	apany, "Lillici, or "Lillici
(Jurisdiction under the law of s	which foreign limited liability company is organized)	3	(FEI number, if app	licable)
	(Date first transacted business in Florida, if prior to regi	stration.)		
1266 May	iSee sections 605 0904 & 605 0905, F.S. to determine the sections and sections are sections as the section of t	1266 N	/lay Ln	
Charles Adams and	Principal Office)		(Mailing Address)	
(Silect Address of	The same of the sa		(Maning Address)	
		 Saraso	ota FL 34	
Sarasota I				
Sarasota I	FL 34236	l <u>OT</u> acceptable)		2021 AUG 10
Sarasota I	FL 34236	Inc.		2021 AUG

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.



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: Name: Robert Gasko Manager Manager Name: 7901 4th St N STE 300 **Member** Address: Member | Address: St. Petersburg FL 33702 □ Authorized Authorized Person Person Other Other___ Other____ Other Manager Name: ■ Manager Name: _____ Member Member 🗌 Address: Authorized Authorized Person Person Other_ Other____ Other____ Other_ Manager Name; ______ Name: ■ Manager 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. 1 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. Riley Park

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "T.O.F. AIR 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 TWELFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "T.O.F. AIR LLC"

WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2020.

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

at corp.delaware.gov/auth

Authentication: 203906940

Date: 08-12-21