

M210000/5266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

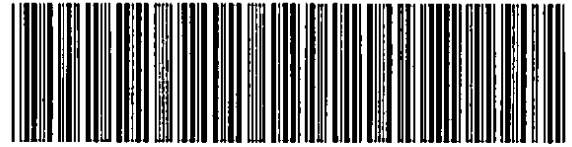
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/09/21--01011--029 **160.00

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21 NOV -9 PM 1:35
CLERK OF COURT
CLERK OF COURT

T. LEMIEUX

NOV 16 2021

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pegasus Jet Intl 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:

Lindsey Rutka

Name of Person

Pegasus Jet Intl LLC

Firm/Company

20 Lindbergh Drive

Address

Hartford, CT 06114

City/State and Zip Code

lindsey@pegasusaircharter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Lopez

860

548-9334 Ext 124

at (_____) _____

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. Pegasus Jet Intl, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Pegasus Jet Sales, 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 3. 85-3097691
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Pegasus Jet Intl LLC 6. Pegasus Jet Intl LLC
(Street Address of Principal Office) (Mailing Address)

20 Lindbergh Drive 20 Lindbergh Drive

Hartford, CT 06114 Hartford, CT 06114

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

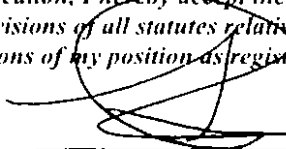
Name: Lindsey Rutka

Office Address: 2960 Northeast 19th

Pompano Beach 33062
(City) Florida (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)

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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA


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]:

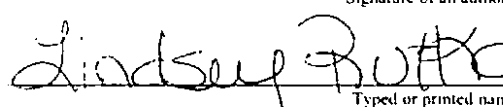
| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Lindsey Rutka</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>2960 Northeast 19th</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Pompano Beach FL 33062</u> | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <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 | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <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 | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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


Typed or printed name of signee

Instructions for properly completing a Certification Memo

Only use this form if sending to our office by mail or courier service. If you wish to pay by Credit Card or ACH **DO NOT** complete this form. Please use our Document Upload Service located at <https://corp.delaware.gov/document-upload-service-information/>

Submitter's Information

Mark the appropriate priority box. (additional Expedited Cost)

| | | |
|-------|-------------------------|----------------------------------|
| Fees: | Priority 1 (One hr) - | \$1000.00 |
| | Priority 2 (Two hr) - | \$ 500.00 |
| | Priority 3 (Same Day) - | Varies – Please see fee schedule |
| | Priority 4 (24 hour) - | Varies – Please see fee schedule |

Submitter's Information

Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed. Please include a phone number and/or email address in case our office needs to contact you.

The account number is only to be completed by submitters that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

Certification Request Information

Complete the name of the entity and the entity File number. If you do not have the file number, you may leave it blank.

Type of Certificate Request

Please mark the item(s) requested. If you need to specify additional information or instructions, please provide the information in the Comments/Filing Instructions section.

Method of Return Information

All documents are returned Regular Mail or you can provide a Fed-X or UPS account number for express mail. Please mark the appropriate method of return.

Please contact our office at 302-739-3073 with any questions or for verification of fees.

Return forms and memos to:

Delaware Division of Corporations
401 Federal Street - Suite 4
Dover, DE 19901


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PEGASUS JET INT.'I, 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 SECOND DAY OF NOVEMBER, A.D. 2021.




Jeffrey W. Bullock, Secretary of State

3656091 8300

SR# 20213676671

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

Authentication: 204581011

Date: 11-02-21



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8412480
LINDSEY RUTKA
20 LINDBERGH DR.
HARTFORD, CT 06114

11-02-2021

ATTN: LINDSEY RUTKA

| DESCRIPTION | AMOUNT |
|---|---------|
| 3656091 - PEGASUS JET INT.'I, LLC Entity Status - Short Form | |
| Certification Fee | \$50.00 |
| Expedite Fee, 24 Hour | \$40.00 |
| TOTAL CHARGES | \$90.00 |
| TOTAL PAYMENTS | \$90.00 |
| BALANCE | \$0.00 |