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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

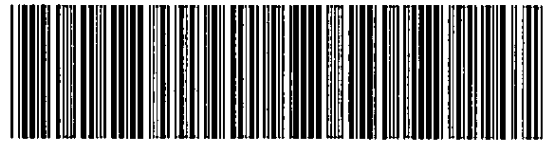
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMMAGINE FLYING, 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:

Tommy Spina  
Name of Person  
Fawal & Spina  
Firm/Company  
1330 - 21st Way South, Suite 200  
Address  
Birmingham, AL 35205  
City/State and Zip Code  
tommyspina@tommyspina.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tommy Spina                                  205                                  939-1330  
Name of Contact Person                                  at (                                  )                                  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. EMMAGINE FLYING, 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. Alabama 84-2719516
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1016 West Ohio Avenue 6. 1016 West Ohio Avenue
(Street Address of Principal Office) (Mailing Address)
Tampa, Florida 33603 Tampa, Florida 33603

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

Name: Emma C. Spina
Office Address: 1016 West Ohio Avenue
Tampa, Florida 33603
(City) (Zip code)

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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.

Emma C. Spina
(Registered agent's signature)

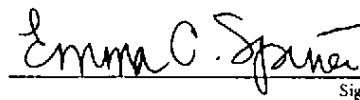
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Emma C. Spina</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1016 West Ohio Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Tampa, Florida 33603</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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

Emma C. Spina  
\_\_\_\_\_  
Typed or printed name of signee

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Emmagine Flying, LLC was formed in Jefferson County, Alabama on August 15, 2019. The Alabama Entity Identification number for this entity is 000-584627. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220210000007302

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

02/10/2022

Date

A handwritten signature in black ink that reads 'John H. Merrill'.

**John H. Merrill**

**Secretary of State**

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama  
1975, and upon an examination of the entity records on file in this office, the  
following entity name is reserved as available:

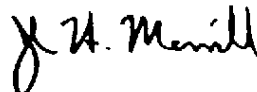
**Emmagine Flying, LLC**

This name reservation is for the exclusive use of Fawal & Spina, 1330 21st Way  
South, Birmingham, AL 35205 for a period of one year beginning August 13, 2019  
and expiring August 13, 2020

In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.


August 13, 2019

Date



John H. Merrill

Secretary of State



RES850811

**CERTIFICATE OF FORMATION  
OF**

Clerk NICOLE

**EMMAGINE FLYING, LLC**

The undersigned, desiring to form a limited liability company pursuant to the laws of the State of Alabama, certify as follows:

1. The name of the limited liability company is **EMMAGINE FLYING, LLC**.
2. The type of entity being formed is a limited liability company.
3. The purpose of which the limited liability company is organized is to engage in any lawful purpose for which a limited liability company may be organized.
4. The location and mailing address of the initial registered office of the Company shall be 1330 - 21<sup>st</sup> Way South, Birmingham, AL 35205 and the name of its registered agent at such address shall be Emma C. Spina.

5. The name and address of the organizer is:

Emma C. Spina  
1330 - 21<sup>st</sup> Way South  
Birmingham, Alabama 35205

6. The manager of the limited liability company shall have the right to admit additional members to the limited liability company, as provided in the Company Agreement.

7. The limited liability company shall be managed by one or more managers who shall serve until a successor is elected and qualified. The name and mailing address of the initial manager is:

Emma C. Spina  
1330 - 21<sup>st</sup> Way South  
Birmingham, Alabama 35205

IN WITNESS WHEREOF, the undersigned has affixed her hand and seal on this the 14<sup>th</sup>  
day of August, 2019.

  
\_\_\_\_\_  
EMMA C. SPINA, Organizer

Prepared by:  
Joseph A. Fawal  
FAWAL & SPINA  
1330 21<sup>st</sup> Way South, Suite 200  
Birmingham, Alabama 35205  
(205) 939-1330