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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

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:	
email Address:	

## **Foreign Limited Liability Company** JN Aviation, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STAT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLO		SUBMITTED TO REGISTER A F	POREIGN LIMITED	LIABILIT
, JN Aviation, LLC				
(Name of Foreign Limited Liability Company; must	include "Limited Liability Comp	pany," "L.L.C.," or "LLC.")		•
	The state of the s	Control of the South Control of the Control		• C m
of frame unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The South Dakota		82-2996464		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if ap	plicable)	-
4.				
(Date first transacted business in (See sections 605 0904 & 605.09	Florida, if prior to registration.) 05, F.S. to determine penalty liability!	)	•	
5. 7901 4th St N (Street Address of Principal Office)	<sub>6.</sub> <u>79</u>	001 4th St N		-
STE 300	<u>S</u> 7	TE 300		_ •
St. Petersburg FL 33702	St.	. Petersburg F	L 33702	
7. Name and street address of Florida registered agen	t: (P.O. Box <u>NOT</u> accept	table)	PH 2: 0	
Registered .	Agents Inc.	_	177	
Office Address: 7901 4th St	7901 4th St N STE 300			
St. Petersbu	urg	. Florida <u>33702</u>	-	
Registered agent's acceptance:	(Cuy)	(Zip code)		

•

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: Name: Joel Navickas Name: Manager Manager Address: 236 Silverado Drive Address: Member Member Naples FL 34119 Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_\_\_\_ Other Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_ Manager Address: Member Member Address: Authorized Authorized Person Person Other\_\_\_\_ \_\_Other\_\_\_\_ Other\_\_\_\_ Other\_ Name: \_\_\_\_\_ Manager | 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. Riley Park

Typed or printed name of signee

## State of South Dakota

Office of the Secretary of State

## **Certificate of Good Standing**

Domestic Limited Liability Company

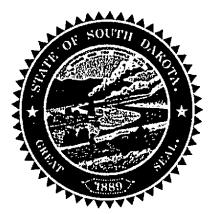
I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

JN Aviation, LLC

Business ID: DL040248

was authorized to transact business in this state on: September 8, 2014.

I, further certify that JN Aviation, LLC has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, April 12, 2022.

Steve Barnett

Steve Barnett Secretary of State

04/12/2022 9:16 AM

Verification #: 015482128