

5/22/10 10:00 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H220001641153)))



H220001641153ABCW

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (786)901-8020

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SEAL
TALLAHASSEE
FLORIDA

2022 MAY -6 AM 8:08

FILED

2022 MAY -6 PM 1:09

Foreign Limited Liability Company
GDI AIR II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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. GDI AIR II, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. WYOMING
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. UPON FILING OF THIS APPLICATION
(State first transacted business in Florida, if prior to registration.
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

5. 30 N GOULD ST, STE R
(Street Address of Principal Office)

6. 7491 N FEDERAL HWY, STE C5 PMB 379
(Mailing Address)

SHERIDAN, WY 82801

BOCA RATON, FLORIDA 33487

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

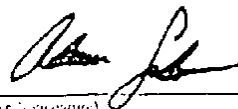
Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 OFFICE PLAZA, STE A

TALLAHASSEE, Florida 32301
(City) (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.



Adam Saldana, Asst. Secretary

(Registered agent's signature)

FILED
2022 MAY -6 AM 8:08
STATE OF FLORIDA
TALLAHASSEE, 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):

Title or Capacity: _____ Name and Address: _____
☒ Manager Name: STEVEN F. URYAN
7491 N Federal Hwy
☐ Member Address: Ste C5 PMB 379
Boca Raton, FL. 33487
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ Name and Address: _____
☒ Manager Name: SUSAN LOKEY
7491 N Federal Hwy
☐ Member Address: Ste C5 PMB 379
Boca Raton, FL. 33487
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

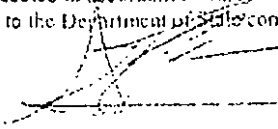
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ 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
STEVEN F. URYAN

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

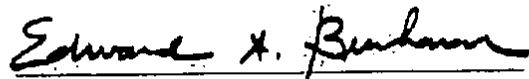
GDI Air II, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 31, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000883416**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of May, 2022 at 8:53 AM. This certificate is assigned ID Number 051719522.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.