

MAA000010013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

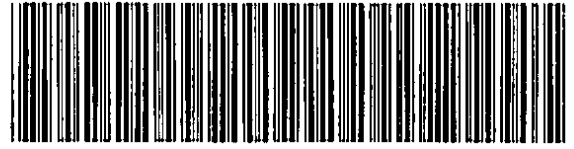
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100387928331

05/20/22--01016--017 **125.00

FILED
2022 JUN 27 PM 12:55
U.S. DISTRICT COURT
FALL ARIZONA, PHOENIX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLADE AVIATION, 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:

L. FORREST OWENS
Name of Person
L. FORREST OWENS, P.A.
Firm/Company
110 S.E. 6TH STREET, 17 FLOOR
Address
FORT LAUDERDALE, FL 33301
City State and Zip Code
DJP@DAVIDJPETERSON.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA PAINTER at (888) 635-9529
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. BLADE AVIATION, 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-2393659
(FEI number, if applicable)

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

5. 10 FAIRWAY DRIVE, SUITE 217
(Street Address of Principal Office)

6. 10 FAIRWAY DRIVE, SUITE 217
(Mailing Address)

DEERFIELD BEACH, FL 33441

DEERFIELD BEACH, FL 33441

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

Name: DAVID J. PETERSON

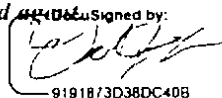
Office Address: 10 FAIRWAY DRIVE, SUITE 217

DEERFIELD BEACH, Florida 33441
(City) (Zip code)

FILED
2022 JUN 27 PM 12:55
STATE OF FLORIDA
TALLAHASSEE, FL 32309

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.

Signed by:


9191873D38DC40B
(Registered agent's signature)

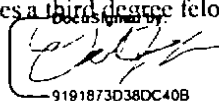
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: DAVID J. PETERSON	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 10 FAIRWAY DR, STE 217	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: DANIEL AHEARN	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 8997 THREE RAIL DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	BOYNTON BEACH, FL 33472	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: JON ORTLIEB	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 10 FAIRWAY DR, STE 217	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	DEERFIELD BEACH, FL 33441	<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.


91918730380C40B

Signature of an authorized person

DAVID J. PETERSON

Typed or printed name of signer

Delaware

The First State

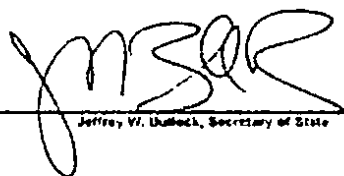
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLADE AVIATION, 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLADE AVIATION, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6803404 8300

SR# 20222835336

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

Authentication: 203775760

Date: 06-27-22