

1620001/560

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H220002482523)))



H220002482523ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000020023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

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

Email Address: _____

**Foreign Limited Liability Company
Access Brussels A320 GP1 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 JUL 22 05:01:57 PM

FILED
JUL 22 2022
TALLAHASSEE, FLORIDA

2022 JUL 22 PM 4:45

FILED

**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. Access Brussels A320 GP1 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. _____
(FBI 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. 515 East Las Olas Blvd., Suite 920
(Street Address of Principal Office)

6. 515 East Las Olas Blvd., Suite 920
(Mailing Address)

Fort Lauderdale, FL 33301

Fort Lauderdale, FL 33301

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System Stephanie Hencz Stephanie Hencz Assistant Secretary
(Registered agent's signature)

FILED
2022 JUL 22 PM 4:45
CLERK OF DISTRICT COURT
STATE OF 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 checked="" type="checkbox"/> Manager	Name: <u>Access Alternative Investments, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>John Nozell</u>
<input checked="" type="checkbox"/> Member	Address: <u>515 East Las Olas Blvd.</u>	<input type="checkbox"/> Member	Address: <u>515 East Las Olas Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite 920</u>	<input type="checkbox"/> Authorized	<u>Suite 920</u>
Person	<u>Fort Lauderdale, FL 33301</u>	Person	<u>Fort Lauderdale, FL 33301</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other ^{CEO} _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jonathan Cauff</u>	<input type="checkbox"/> Manager	Name: <u>Ronald Scheinberg</u>
<input type="checkbox"/> Member	Address: <u>515 East Las Olas Blvd.</u>	<input type="checkbox"/> Member	Address: <u>515 East Las Olas Blvd.</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 920</u>	<input type="checkbox"/> Authorized	<u>Suite 920</u>
Person	<u>Fort Lauderdale, FL 33301</u>	Person	<u>Fort Lauderdale, FL 33301</u>
<input checked="" type="checkbox"/> Other <u>President & COO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>EVP, GC & CCO</u>	<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

Ronald Scheinberg

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCESS BRUSSELS A320 GP1 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-FIRST DAY OF JULY, A.D. 2022.

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



6683510 8300

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203978379