

MA2000013576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

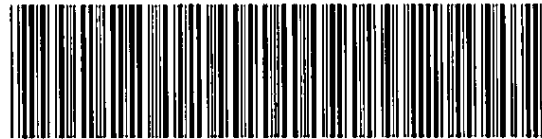
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



800393556258

FILED
2022 AUG 30 AM 10:57
CLERK OF DISTRICT COURT
JULIA A. STELLER

FILED
2022 AUG 30 AM 11:53
T. LEMIEUX
CLERK OF DISTRICT COURT

T. LEMIEUX
AUG 31 2022



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **August 30, 2022**

Account#: I200000000088

Name: **David Shulman**

Reference #: **1770499**

Entity Name: **JET ACCESS FLIGHT TRAINING LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Please provide a certified copy of the filing evidence.**

ISSUES? CALL
David:
850-270-0082

Authorized Amount: **\$155.00**

Signature: *David Shulman*

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. Jet Access Flight Training 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. Indiana 3. 87-0844599
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 27, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3867 North Aviation Way 6. 3867 N Aviation Way
(Street Address of Principal Office) (Mailing Address)
Greenfield, IN 46140 Greenfield, IN 46140

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

Name: Cogency Global Inc.
Office Address: 115 N. Calhoun St., Ste. 4
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.

Brittany Conceder Asst. Secy. Cogency Global Inc.
(Registered agent's signature)

FILED
2022 AUG 30 AM 10:57
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN FLORIDA
TALLAHASSEE

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: John Mauch

☒ Member Address: 3867 North Aviation Way

☐ Authorized Greenfield, IN 46140

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Cory Schneider

☒ Member Address: 3867 North Aviation Way

☐ Authorized Greenfield, IN 46140

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jason Klemme

☒ Member Address: 3867 North Aviation Way

☐ Authorized Greenfield, IN 46140

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Quinn Ricker

☒ Member Address: 3867 North Aviation Way

☐ Authorized Greenfield, IN 46140

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

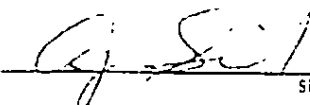
Person _____

☐ 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

Cory Schneider, CFO

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

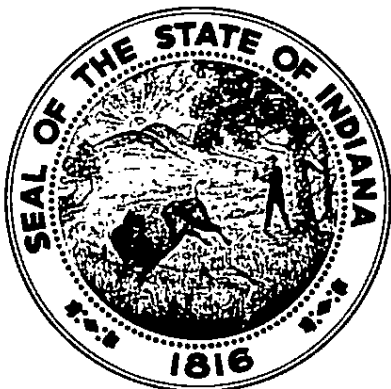
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

JET ACCESS FLIGHT TRAINING LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 25, 2021, and was in existence or authorized to transact business in the State of Indiana on August 30, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 30, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

202104251484116 / 20222745881

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 29, 2022.