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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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## Foreign Limited Liability Company One Man's Aircraft, LLC

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K. SALY NUV - 8 2022

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. One Man's Airc	raft, LLC Limited Liability Company; must include "Limited I	.iability Compa	iny,""L.L.C.," or "L.L.C.")	<del></del>	
(If name unavailable, enter akernate n	name adopted for the purpose of transacting business in Flori	da. The alternate	name must include "Limited Liability Companies	any," "L.L.C," or "(.LC,")	
<sub>2.</sub> Delaware		3. 88-4243640			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-	(FEI number, if applicab	ile)	
4.	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	gistration )			
7001 4th Ct					
5 /901 4th St (Street Address of Principal Office)	N STE 300	6. 790	1 4th St N STE 300		
St. Petersbu	urg FL 33702	St. I	Petersburg FL 33702	)	
				D22 1867	
		wa		<u> </u>	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	able)	12.55	1
					Ţ
Name:	Registered Agents Inc		-	PN 5: 08	
Office Address:	7901 4th St N STE 300		_	<u></u>	
	St. Petersburg		. Florida 33702		
	(City)		(Zip code)		
designated in this applica to comply with the provis-	otance:  orgistered agent and to accept service of protection, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	registered a	gent and agree to act in this ca	pacity. I further agre	?e
	Bail				
	{Registered agent's si	gnature)			

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Michael Keister Name: □Manager □Manager Address: □Member X Member Address: PO Box 330525 □ Authorized □ Authorized Miami FL 33233 Person Person □Other\_\_\_\_\_ □Other\_\_\_ □Other\_\_\_ □ Manager Name: □Manager ☐ Member Address: \_\_\_\_\_\_ □Member □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_\_\_ □Other\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager □ Manager Address: \_\_\_\_\_ □Member Address: □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.

Esped or printed name of signee

Riley Park

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ONE MAN'S AIRCRAFT, LLC" IS DULY

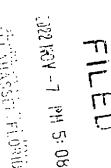
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE MAN'S AIRCRAFT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2022.

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





Authentication: 204754854

Date: 11-01-22