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S. FRANKLIN

DEC - 6 2022

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COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJI	GUNNSLINGER AIR LLC			
O DAT	Nam	e of Limited Liability Company		
The en Exister	aclosed "Application by Foreign Limited Liability (nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busing	Certificate of ness in Florida.	
Please	return all correspondence concerning this matter t	o the following:		
	JAMES ADAMS			
		Name of Person		
	GUNNSLINGER AIR LLC			
	Firm/Company			
	1160 AIRPORT RD			
		Address	1	
	DESTIN, FL 32541		Š	
		City/State and Zip Code	77	
	CANDACE@GUNNERHOUSTON.CO	OM .	ڹ	
	E-mail address: (to b	e used for future annual report notification)	. <u> </u>	
For fu	rther information concerning this matter, please ca	ıll:		
	CANDACE BROWN	850 401-0405 at ()		
	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 DEI S125.00 Filing Fee \$\$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & (🖂)\$160.00 Filing Fee.		

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

IN COMPLIANCE WITH SECTION (05:00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame adopted for the purpose of transacting business in	londa. The alternate name must include "Limited L	iability Company," "L.C.C," or "LI
	87-4206575	
ich foreign limited liability company is organized)	(FEI num	ber, if applicable)
(Date first transacted business in Florida, if prior	registration.)	
OTTE 205, DESTIN FL 32541	1160 AIRPORT RD, DEST	TIN FL 32541
	(Mailing Address)	
		7
	<u></u>	
s of Florida registered agent: (P.O. Bo	NOT acceptable)	
THERESA ADAMS		
		
1160 AIRPORT RD SUITE 215		
DESTIN	32541 , Florida	
	(Date this transacted business in Florida, if prior to 1See sections 605 0804 & 605 0805, F.S. to determ BTE 205, DESTIN FL 3254) § of Florida registered agent: (P.O. Box THERESA ADAMS	(Date this transacted business in Florida, if prior to registration.) (See sections 605 0804 & 605 0805, F.S. to determine penalty liability) HTE 205, DESTIN FL 32544 6. (Mailing Address) S of Florida registered agent: (P.O. Box NOT acceptable) THERESA ADAMS

(-1,-1,-1)

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:	Title or Capacity:	Name and Address:
■Manager	Name: James Adams	■Manager	Name: Houston Adams
□Member	Address: 4512 Olde Plantation Place	□Member	Address: 4512 Olde Plantation Place
□Authorized	Destin, FL 32541	□Authorized	Destin, FL 32541
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager □Member	Name:Address:	□Manager □Member	Name: 5
☐ Authorized		□Authorized	
Person		Person	<u>.</u>
□Other	Other	□Other	Other
☐Authorized Person		□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.

	M	
	Signature of an authorized person	
James Adams		
.	Exped or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "GUNNSLINGER AIR 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-FIFTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GUNNSLINGER AIR LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2021.

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

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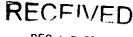
SR# 20223852461

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

Jeffrey W. Badlech, Secretary of State

Authentication: 204695984

Date: 10-25-22



DEC 0 5 2022