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DATE: 12/20/22

NAME: MHG AVIATION, LLC

TYPE OF FILING: APPLICATION

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COVER LETTER

TO:	Registration Section Division of Corporations		
		MHG AVIATION, LLC	
SUBJ	ECT:N	lame of Limited Liability Company	
The er Existe	nclosed "Application by Foreign Limited Liabili nce, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this matter	er to the following:	
		YOLANDA ROBINSON	
		Name of Person	
		ATC	
		Firm/Company	
700 WASHINGTON ST, STE 202			
	Address		
		COLUMBUS, IN 47201	
		City/State and Zip Code	
	SPA	ATEL@MHGHOTELSLLC.COM	
	E-mail address: (to	to be used for future annual report notification)	
For fu	orther information concerning this matter, pleaso	e call:	
	YOLANDA ROBINSON	812 342-9589	
	Name of Contact Person	at () 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 amour Please make check payable to: FLORIDA I ■ \$125.00 Filing Fee □ \$130.00 Filing Certification	DEPARTMENT OF STATE	

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 UABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

INDIANA 2	(FEI number, if:	applicable) — Y NW, ST		
2	EN SOUND PKW ¹	– Y NW, STI	E 404	
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 6001 BROKEN SOUND PKWY NW, STE 404 5. Street Address of Principal Office) (Mathing Address)	EN SOUND PKW ¹	– Y NW, STI	E 404	
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 6001 BROKEN SOUND PKWY NW, STE 404 5	dress)	Y NW, STI	E 404	
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 6001 BROKEN SOUND PKWY NW, STE 404 6001 BROKE 6. (Mailing Ad	dress)	Y NW, STI	E 404	-
6001 BROKEN SOUND PKWY NW, STE 404 6. (Mailing Ad	dress)	Y NW, STI	E 404	-
				•
BOCA RATON, FL 33487 BOCA RATO	NI DI 22107			
	JN, FL 33467			
		<u></u>	2022 CF	•
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			20	
			79	Ċ
SANJAY PATEL		<u>.</u>	PH 1: 31	
Name: 6001 BROKEN SOUND PKWY NW, STE 404 Office Address:			3 0	
BOCA RATON . Flori	33487 ta			

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.

Sanjay Patil	
027DFFA9DE02418	(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: SANJAY PATEL Name: ______ □Manager Manager □Member Address: □Member Address: _____ 6001 Broken Sound Pkwy NW, Ste 404 □ Authorized □ Authorized Boca Raton, FL 33487 Person Person Other____ □Other Other □Other_____ MHG HOTELS, LLC Name: ______ □Manager □Manager Address: □Member Address: _____ ■ Member 6001 Broken Sound Pkwy NW, Ste 404 ☐ Authorized ☐ Authorized Boca Raton, FL 33487 Person Person Other____ □Other_____ □Other_____ Other____ □Manager Name: Name: _____ □Manager □Member Address: ______ □Member Address: □ Authorized ☐ Authorized Person Person □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.

Signature of an authorized person

SANJAY PATEL

Typed or printed name of signee

Sanjay Patel

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

MHG AVIATION, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 26, 2017, and was in existence or authorized to transact business in the State of Indiana on December 19, 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, December 19, 2022

olli Sullivan

HOLLI SULLIVAN
SECRETARY OF STATE

201707261206542 / 20222922215

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

Expires on January 18, 2023.