

M23000000168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800399111468

12/16/22--01008--007 ♦♦125.00

2022 DEC 16 PM 1:51

S. ROBERTS

JAN - 5 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STS SERVICES, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRISTINA SEIFERT

Name of Person

STS SERVICES, LLC

Firm/Company

2000 NE JENSEN BEACH BLVD
Address

JENSEN BEACH, FL 34957

City/State and Zip Code

CHRISTINA.SEIFERT@STSAVIATIONGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINA SEIFERT at (800) 800-2400 X 8041

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 DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. STS SERVICES, 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. 95-3890626
(FEI number, if applicable)

4. 12/8/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 NE JENSEN BEACH BLVD
(Street Address of Principal Office)

6. SAME AS PRINCIPAL
(Mailing Address)

JENSEN BEACH, FL 34957

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

Name: Richard Huff

Office Address: 2000 NE Jensen Beach Blvd.

Jensen Beach, Florida 34957
(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: Richard J. Huff
(Registered agent's signature)

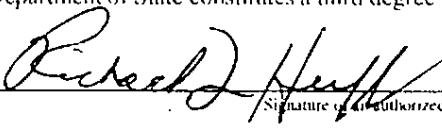
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: RICHARD HUFF	<input checked="" type="checkbox"/> Manager	Name: PHILIP ANSON, JR
<input type="checkbox"/> Member	Address: 2000 NE Jensen Beach Blvd	<input type="checkbox"/> Member	Address: 2000 NE Jensen Beach Blvd
<input checked="" type="checkbox"/> Authorized	Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Authorized	Jensen Beach, FL 34957
Person	CFO/Secretary/Treasurer	Person	CEO
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<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
 <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 authorized person
 RICHARD HUFF, CFO

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STS SERVICES, 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 EIGHTH DAY OF DECEMBER, A.D. 2022.

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



7222022 8300

SR# 20224216077

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 205046167

Date: 12-08-22