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APPROVLU AND FILED

MECELVED

JAN 1 2 2023 K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/12/20	23						
						₩ALK	[N++
ENTITY NAME	AirCare	Aircrews, LLC					
DOCUMENT NU	JMBER_						
		PLEASE FILE THE	ATTACHE	D AND RETUR	W		
xxxxx		Plain Copy					
		Certified Copy					
		Certificate of Status					
	***	LEASE OBTAIN THE FOL Certified Copy of Arts & Certificate of Good Standi	k Amendmen		E ENTITY**		
COUNTRY OF DE		**APOSTILLE' / NO		CERTIFICATIO	ON**		
NUMBER OF CE	KTTPICAT	ES REQUESTED					
TOTAL OWED	\$125			ACCOUNT #	: 12016000007	2	
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Please call Ti	ina at th	e above number for an	ny issues	or concerns.	Thank you so	much!	

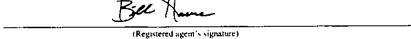
COVER LETTER

AirCare Aircrews, LLC	
Name	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
ease return all correspondence concerning this matter to	o the following:
Chris Inzana	
	Name of Person
SingleFile Technologies Inc.	
	Firm/Company
113 Cherry St. S. #70875	
	Address
Seattle, WA 98104	
C	ity/State and Zip Code
support@singlefile.io	
E-mail address: (to be	used for future annual report notification)
or further information concerning this matter, please cal	II:
Chris Inzana	800 391-9869
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	AND DESCRIPTION OF STREET
Please make check payable to: FLORIDA DEP	
■ \$125.00 Filing Fee	

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:

Washington (Jurisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 223 Tacoma Ave S (Mailing Address) Tacoma, WA 98402 Tacoma, WA 98402 Tacoma, WA 98402 . Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 223 Tacoma Ave S treet Address of Principal Office) Tacoma, WA 98402 (Fill number, if applicable) (Fill number, if applicable) (Fill number, if applicable) (Fill number, if applicable) (Recompany is organized) (Fill number, if applicable) (Fill number, if applicable) (Fill number, if applicable) (Fill number, if applicable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 223 Tacoma Ave S reet Address of Principal Office) Tacoma, WA 98402 Tacoma, WA 98402 Tacoma, WA 98402	
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 223 Tacoma Ave S treet Address of Principal Office) Tacoma, WA 98402 Tacoma, WA 98402 Tacoma, WA 98402	
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Tacoma, WA 98402 Tacoma, WA 98402	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	202
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Registered Agents Inc.	F1L 2023 JAN 1.2
Name:	1,11
7901 4th Sheet N. Suite 300	
· · · ·	.>
St. Petersburg 33702 C	<u>- </u>
(City) (Zip code)	ပ်



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: Jeffrey Roberts Name: □ Manager ■ Manager Address: __ 223 Tacoma Ave S Address: _____ □ Member □ Member Tacoma, WA 98402 □ Authorized □ Authorized Person Person Other_____ Other □Other____ □Other____ □Manager Name: □Manager Name: ______ □Member ☐ Member Address: Address: □ 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. /s/Jeffrey Roberts Signature of an authorized person

Typed or printed name of signee

Jeffrey Roberts





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AIRCARE AIRCREWS, LLC

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/28/2001.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/11/2023 UBI Number: 602 170 007

STATE OF WASHINGS TO 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

in R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 01/11/2023