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Florida Department of State
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sblanck@flyairshare.com

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TALLAHASSEE, FL

Foreign Limited Liability Company
EXECUTIVE AIRSHARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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04-27-23
CP

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. Executive Airshare, 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. Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 48-1251553
(FEI number, if applicable)

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

5. 8345 Lenexa Dr. Ste. 120
Lenexa, Kansas 66214
(Street Address of Principal Office)

6. 8345 Lenexa Dr. Ste. 120
Lenexa, Kansas 66214
(Mailing Address)

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TALLAHASSEE, FL

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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: CT Corporation System [signature] Christine Kash, Assistant Secretary
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: John Owen	☐Manager	Name: Josh Johnson
☐Member	Address: 8345 Lenexa Dr., Ste. 120	☐Member	Address: 8345 Lenexa Dr., Ste. 120
☑Authorized	Lenexa, Kansas 66214	☑Authorized	Lenexa, Kansas 66214
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Steve Blanck	☐Manager	Name: Alex Franz
☐Member	Address: 8345 Lenexa Dr., Ste. 120	☐Member	Address: 8345 Lenexa Dr., Ste. 120
☑Authorized	Lenexa, Kansas 66214	☑Authorized	Lenexa, Kansas 66214
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name
☐Member	Address:	☐Member	Address:
☐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. 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 an authorized person

Steve Blanck

Typed or printed name of signer

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office:

Business Entity ID Number: 3259844

Entity Name: EXECUTIVE AIRSHARE LLC

Entity Type: DOM - LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on October 29, 2001, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof, I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 24, 2023

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 12620259 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number