M23000009459

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	,	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Danimant Number)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer;	

Office Use Only



500414580715

2023 SEP -1 AM 11: 36





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/31/2023	
Name:	SHANNEL	-
	#:2100882	_
	e:BLUE LINE	AVIATION, LLC
☐ Artic	cles of Incorporation/Authorization	to Transact Business
√ Ame	endment	
☐ Cha	nge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	Amount:	

F: +852.2682.9790

COVER LETTER

TO:	Registration S Division of C					
SUBJI	ECT:	Blue	Line A	viation,	LLC	
		Name of Forei	gn Limi	ted Liab	ility Compa	ny
Dear S	ir or Madam:					
The en	closed applica	tion, certificate and fee(s)	are sul	mitted f	or filing	
Picase	return all corr	espondence concerning th	nis matt	er to the	following:	
		_ee A. Patterson III			_	
		Name of Person				
	Mo	orningstar Law Group			_	
		Firm/Company				
	421 Fa	yetteville Street, Suite	530		_	
	<u> </u>	Address				
		Raleigh, NC 27601			-	
		City/State and Zip Co	de			
	brian.z	uercher@bluelineusa.	com			
Е-п		o be used for future annu-		notifica	ition)	
For fu	rther informati	ion concerning this matter	r, please	call:		
10.10		Patterson III		919	,	590-0401
		e of Person			e & Daytim	e Telephone Number
		OURIER ADDRESS:				NG ADDRESS:
	Registration Division of 0					ation Section n of Corporations
	Clifton Build				P.O. Bo	
	2661 Execut	ive Center Circle Florida 32301				ssee, Florida 32314
	sed is a check 5 Filing Fee	for the following amou [] \$30 Filing Fee &		1 5 55 Fil	ing Fee &	S60 Filing Fee,
l⊅1 42.) I time too	Certificate of Statu			ed Copy	Certificate of Status & Certified Copy
CRAEAG	\$ \$ (9/15)					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

FILED 2023 SEP-1 AHII: 36

SECTIO	N I (1-4 must be completed)	—(?>:		
1. Name of limited liability Company as it appear	ars on the records of the Florida Depa	utment of		
State: Blue Line Aviation, LLC				
Enter new principal office address, if applicable:		ortment of All ASS		
(Principal office address MUST BE A STREET ADDRESS)	Winter Haven, F	FL 33881		
Enter new mailing address, if applicable:	2073 US-	92 DF		
(Mailing address MAY BE A POST OFFICE BOX)	Winter Haven, F	FL 33881		
2. The Florida document number of this limited l	liability company is: M2	300009459		
3. Jurisdiction of its organization:	North Carolina			
4. Date authorized to do business in Florida:	July 12, 202	3		
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company:(mi	ust contain "Limited Liability Compa	ny, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adoption of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging members adopting the altern	ness in Florida and attach a tate name. The alternate name		
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our records, <u>e</u> <u>address here:</u>	nter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	2073 US-92 Enter Florida S	man Addana		
_	Winter Haven City	, Horida Zip Code		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regi document is being filed to merely reflect a chang liability company has been notified in writing of	ent and agree to act in this capacity er and complete performance of my of istered agent as provided for in Chap ee in the registered office address, I h	tuties, and I am familiar with oter 605, F.S. Or, if this		

8. If the amendn	ent changes person, title or capacity in a	accordance with 605.0902 (1)(e), indicate tha	change:
Title/ Capacity	Name	Address	Type of Action
MEABER	Charles R. Walters, III	2073 US-92, Winter Haven, F	
			Remo
			Remo
			Add
			Remo
			Add
			Remov
			Add
9.	Charl Typed or	of the authorized representative	2023 SEP -1 AM II: 36



NORTH CAROLINA Department of the Secretary of State

(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BLUE LINE AVIATION, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 6th day of August, 2012

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Certification# 117540580-1 Reference# 20393004- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of August, 2023.

Elaine I. Marshall

Secretary of State