MZ300000970Z

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zrp/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

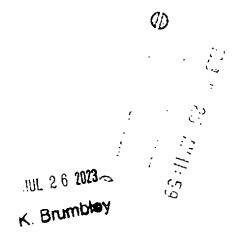




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2023 JUL 25 PH I2: 28

APPROVED AND FILED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 893687 4338425

AUTHORIZATION :

COST LIMIT : \$755.00 Man

ORDER DATE: July 24, 2023

ORDER TIME : 8:24 AM

ORDER NO. : 893687-010

CUSTOMER NO: 4338425

FOREIGN FILINGS

NAME: APOLLO FREIGHT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	APOLLO FREIGHT, LLC	
		of Limited Liability Company
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida
Please re	cturn all correspondence concerning this matter to t	he following:
	Lawrence Samuels	
		Name of Person
	Mercury Aviation, Inc.	
		Firm/Company
	2780 Skypark Dr., Suite 300	
	Address	
	Torrance, CA 90505	
	City	/State and Zip Code
	compliancemail@cscglobal.com	
•	E-mail address: (to be u	sed for future annual report notification)
For furth	ner information concerning this matter, please call:	
	Lawrence Samuels	310 827-2737 at ()
	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 DEPAI \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of \$100.00 Filing Fee & Certificate \$100.00 Filing Fee	& ■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(, e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Limited Liability Company, must include "Limited		Company, 1882 C 188 200	· · ·			
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The a	lternate name must include "Lim	ited Liability Co	ompany," "1	l, 1C," o	r "L.I.C.")
California		3.	27-2473949				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		3. (FEI number, if applicable)				
Upon Filing							
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration se penalty !) iability (
2780 Skypark Drive, Suite 300		6.	2780 Skypark Drive,				
treet Address of Principal Office)		0	(Mailing Address)		-		_
Torrance, CA 90505			Torrance, CA 90505				
		-			三語	2823	
. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)		EXTENSE TAILS SE	JUL 25	- FILE
Name:	Corporation Service Company				C FIG	PH 12:	0
Office Address:	1201 Hays Street					2 8	
	Tallahassee		32301 , Florida				
	(City)		(Zip co	de)			

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: Welaw Sansan, AVP

(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: Mercury Aviation Companies, LLC	□Manager	Name:
■Member	Address: 2780 Skypark Dr., Ste 300	□Member	Address: 2780 Skypark Dr., Ste 300
□Authorized	Torrance, CA 90505	□Authorized	Torrance, CA 90505
Person		Person	
□Other	Other	■Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address: 2780 Skypark Dr., Ste 300	□Member	Address: 2780 Skypark Dr., Ste 300
□Authorized	Torrance, CA 90505	□Authorized	Torrance, CA 90505
Person		Person	
■Other	Other	Secretary	Other
⊡Manager	Name:	□Manager	Name: Ivo Skorin
□Member	Address: 2780 Skypark Dr., Ste 300	□Member	Address: 2780 Skypark Dr., Ste 300
□Authorized	Torrance, CA 90505	□Authorized	Torrance, CA 90505
Person		Person	
CFO ■Other		■Other CEO	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.

Xundo	
Signature of an authorized person	
Lawrence Samuels	
Typed or promed name of signee	



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: APOLLO FREIGHT, LLC

Entity No.: 3289519 **Registration Date:** 04/29/2010

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 24, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 132089632

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.