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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer

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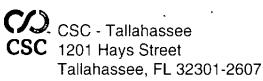
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850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 10/26/23 Order #: 1295814-1 Re: Altpilot LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

auth:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations					
	AltPilot LLC					
SUBJ	ECT:	Name of Limited Liability Company				
		ited Liability Company for Authorization to Transact Business in Florida." Certificate of ster the above referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concernin	g this matter to the following:				
	Mark Strefling					
		Name of Person				
	AltPilot, LLC					
	Firm/Company					
	1000 Brickell Plz, Unit 3004					
	Address					
	mark@altpilotgroup.cor	City/State and Zip Code				
	E-mail	address: (to be used for future annual report notification)				
For fu	rther information concerning this ma	iter, please call:				
	Chris Hardy	860 318-5436				
	Name of Contact	at () 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				

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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:

(If name unavailable, enter alternate Delaware	name adopted for the purpose of transacting business in F		ame must include "Limited Lir 37906	ibility Company,	" "L L.C,"	or "LLC."
2. (Jurisdiction under the law of v	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI numbe	(FEI number, if applicable)		
January 1, 2023						
4	(Data first transported business in Florida (Foreira)	construction V			-	
4000 D :) II D)	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ					
1000 Brickell Plz			Brickell Plz			
Street Address of Principal Office)		6	ailing Address)			
Unit 3004		Unit 30				
Miami, FL 33131		Miami,	FL 33131		2023 0	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptab	ole)		CT 26	
	Corporation Service Company			Dj.,	AH 7:	O
Name:						
	1201 Hays Street			·	9	
Office Address:						
•	Tallahassee		32301			
			Florida			
	(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.

Corporation Service Company

Lister Weilard - Sirenson, 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	Chris Hardy Name:	□Manager	Name:	
⊠Member	1000 Brickell Plz Address:	□Member	Address:	·
□Authorized	Unit 3004	□Authorized		
Person	Miami, FL 33131	Person		
□Other	Other	□Other		□Other
□Manager	Name:	∐Manager	Name:	·
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
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.

DocuSigned by:		
78802DD392DE4EE	Signature of an authorized person	
Mark Strefling		
	Typed or printed name of signee	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALTPILOT 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTPILOT LLC"

WAS FORMED ON THE THIRD DAY OF DECEMBER; A.D. 2021.

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

Authentication: 204450632

Date: 10-25-23