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(((H24000021264 3)))



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To:

Division of Corporations

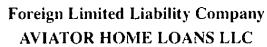
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please: \*\* annual report mailings. Enter only one email address please.\*\*

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**COVER LETTER** 

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ΓO: Registration Section Division of Corporations			
SUBJECT: AVIATOR HOME LOANS	II C		
	e of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability ( Existence, and check are submitted to register the above)	Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florid		
Please return all correspondence concerning this matter to	o the following:		
LOVETTE DOBSON			
<del></del>	Name of Person		
	Elm H*s		
	Firm/Company		
17350 STATE HWY 2	249 #220		
	Address		
HOUSTON, TX 77064			
c	ity/State and Zip Code		
EFILE1234@INCFILE.C	OM		
E-mail address: (to be	e used for future annual report notification)		
For further information concerning this matter, please cal	II:		
LOVETTE DOBSON	at () 888-462-3453 Area Code Daytime Telephone Number		
Name of Contact Person	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:			
Please make check payable to: FLORIDA DEP  \$125.00 Filing Fee \$\$130.00 Filing Fee			
TO STANDA FIRME FOR THE STANDA FIRME FOR	e ce ofpositing reace officero fining reaction and		

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

	TION 605,0902, FLORIDA STATUTES. THE FOI SINESS INTHE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGI	STER A FOREIGN LIMITED LIABILITY
1. Name of Forming	AVIATOR HOME L		n <sub>1</sub>
traine or roteign	annee danny Company, may meade tannee	trainity Company, tack, or tex.	,
(If name unavailable, enter alternate it	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limite	d Enability Company," "E.L.C." or "LLC.")
2. Georgia	hich (oreign limited liability company is organized)	3. <u>92-2488302</u>	umber, if applicable)
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) e penalty lability)	<del></del>
5. 470 Commer	ce Dr., Suite 657	6. 470 Commerc	<u>e Dr., Suite 65</u> 7
Peachtree City	y, GA 30269	Peachtree City,	GA 30269
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	2024 SF
Name:	REPUBLIC REGISTER	RED AGENT LLC	1024 JAN 18
Office Address:	1150 Nw 72nd Ave To	wer I Ste 455	(
	Miami (City)	, Florida <u>3312</u> (Zip code	26 7 6
designated in this applicate to comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper a of my position as registered agent.	registered agent and agree to a	ct in this capacity. I further agree
	Wealey T	Polan	

## (((H24000021264 3)))

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:			
DManager	Name: Steven Ton	□Manager	Name:			
≰Member	Address: 340 Loring Ln	_!Member	Address:			
C) Authorized	Peachtree City, GA 30269	□Authorized				
Person		Person				
FiOther		□Other	Other			
□Manager	Name:	⊏Manager	Name:			
□Member	Address:	⊞Member	Address:			
□Authorized		□Authorized				
Person		Person				
Other		□Other	Other			
[]Manager	Name:	⊡Manager	Name:			
E.Member	Address:	⊞Member	Address:			
□Authorized		□Authorized				
Person		Person				
220ther	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  (((H24000021264 3)))						
	Signature of an a	athorized person	(((H24000021264 3)))			

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(((H24000021264 3))) Control Number: 23040918

### STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### AVIATOR HOME LOANS LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 26433752 Date Inc/Auth/Filed: 02/15/2023 Jurisdiction : Georgia Print Date : 01/16/2024

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State (((H24000021264 3)))