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Division of Corporations

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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
VANDENBERG AIRPORT TRUST, LLC

Certificate of Status	1
Certified Copy	0
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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:

1. VANDENBERG AIRPORT TRUST, 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. DELAWARE 3. 93-4297466
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 601 BAYSHORE BLVD., SUITE 700 6. 601 BAYSHORE BLVD., SUITE 700
(Street Address of Principal Office) (Mailing Address)
TAMPA, FL 33606 TAMPA, FL 33606

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

Name: DAVID L. KOCHÉ
Office Address: 601 BAYSHORE BLVD., SUITE 700
TAMPA, Florida 33606
(City) (Zip code)

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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.

David L. Koche (Registered agent's signature)

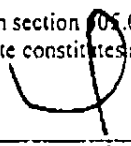
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	MELISSA VARGA	<input checked="" type="checkbox"/> Manager	Name:	TIM HESBEENS
<input type="checkbox"/> Member	Address:	601 BAYSHORE BLVD.	<input type="checkbox"/> Member	Address:	601 BAYSHORE BLVD.
<input type="checkbox"/> Authorized		SUITE 700	<input type="checkbox"/> Authorized		SUITE 700
Person		TAMPA, FL 33606	Person		TAMPA, FL 33606
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	DAVID L. KOCHÉ	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	601 BAYSHORE BLVD.	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		SUITE 700	<input type="checkbox"/> Authorized		
Person		TAMPA, FL 33606	Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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
 DAVID L. KOCHÉ, MANAGER

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VANDENBERG AIRPORT TRUST, 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 TWENTIETH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VANDENBERG AIRPORT TRUST, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2023.

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



2494653 8300

SR# 20241087699

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203070159

Date: 03-20-24