

M24000010452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AND
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2024 AUG - 8 PM 12: 10

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2024 AUG - 8 PM 4: 02

NOTED FOR FILING

STATION
JALLAHASSER, FL 32008

AUG 15 2024
K. Brumble



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2024

COGENCY GLOBAL

*Please
keep
original
file
date*

SUBJECT: VP AVIATION TECHNICAL SERVICES, LLC
Ref. Number: W24000112217

We have received your document for VP AVIATION TECHNICAL SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P21000022346.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 524A00017682

*RECEIVED
2024 AUG 14 PM 12:00
TALLAHASSEE, FLORIDA*



August 5, 2024

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Consent to Use Similar Entity Name

To Whom It May Concern,

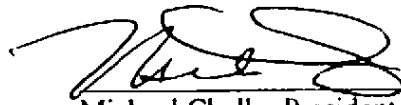
I, the undersigned, am the President of VP Aviation Technical Services Corp, a corporation registered and in good standing under the laws of the State of Florida. I hereby give my consent to the use of a similar name by another entity, VP Aviation Technical Services, LLC.

The purpose of this letter is to acknowledge and confirm that VP Aviation Technical Services Corp. consents to the registration and use of the name VP Aviation Technical Services, LLC, by the new entity. We understand that both entities will co-exist within the State of Florida with similar names, and we do not have any objections to this arrangement.

Should you require any additional information or documentation, please feel free to contact Ashley Fickenscher c/o Taft Stettinius & Hollister LLP at afickenscher@taftlaw.com.

Sincerely,

VP Aviation Technical Services Corp.



Michael Chally, President

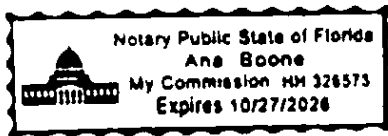
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CLERK OF THE COURT
TALLAHASSEE, FLORIDA



ACKNOWLEDGEMENT

State of FLORIDA
County of HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of physical presence, this 7th day of August, 2024, by Michael Chally, President of VP Aviation Technical Services Corp.



ANA BOONE
Notary Public (Printed Name)

My Commission Expires: 10/27/2026

APPROVED
AND
FILED

2024 AUG - 8 PM 12: 10

Notary Public
State of Florida

**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. VP Aviation Technical Services, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5005 W. Laurel St. Suite 214
(Street Address of Principal Office)

6. 5005 W. Laurel St. Suite 214
(Mailing Address)

Tampa, Florida 33607

Tampa, Florida 33607

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

2024 AUG - 8 PM 12:10
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AND
FILED

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.

/s/ SHANNON M. MADDOX
(Registered agent's signature)

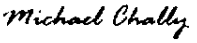
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Michael Chally	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5005 W. Laurel St. Suite 214	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Tampa, Florida 33607	<input type="checkbox"/> Authorized	_____
Person	_____	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 _____
<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.

DocuSigned by:

 014E6D3F-2E24432
 Signature of an authorized person

Michael Chally

 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VP AVIATION TECHNICAL SERVICES, 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-SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VP AVIATION TECHNICAL SERVICES, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2024.

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



4319748 8300

SR# 20243200174

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203979801

Date: 07-22-24