

M2500000590

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC
Account Number : I20090000001
Phone : (239)213-0066
Fax Number : (239)213-0698

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

Email Address: erinm@advocatetax.com

**Foreign Limited Liability Company
G200 Aviation, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2025 JAN 10 PM 2:35

MS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G200 Aviation, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erin Meyer

Name of Person

Advocate Consulting Legal Group, PLLC

Firm/Company

3555 Kraft Road, STE 240

Address

Naples, FL 34105

City/State and Zip Code

erinm@advocatetax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Meyer

239

213-0066

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 DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. G200 Aviation, 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. Arkansas 3. 86-2963242
(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 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1300 Cantrell Rd, Suite 201 6. PO Box 2076
(Street Address of Principal Office) (Mailing Address)
Little Rock, AR 72212 Rogers, AR 72757

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

Name: Pacific Registered Agents, Inc.
Office Address: 5647 110th Ave. North
Royal Palm Beach, Florida 33411
(City) (Zip code)

605.0902 10/1/2019 17:47

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.

DocuSigned by:

Charles Mathias

D18D066D0D842A..

(Registered agent's signature)

Charles F. Mathias, President of Pacific Registered Agents, Inc.

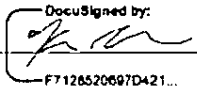
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Kyle Miller</u>	<input type="checkbox"/> Manager	Name: <u>Scott Broadbent</u>
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 2076</u>	<input checked="" type="checkbox"/> Member	Address: <u>PO Box 2076</u>
<input type="checkbox"/> Authorized	<u>Rogers, AR 72757</u>	<input type="checkbox"/> Authorized	<u>Rogers, AR 72757</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brent Mills</u>	<input type="checkbox"/> Manager	Name: <u>William Douglas Hurley</u>
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 2076</u>	<input checked="" type="checkbox"/> Member	Address: <u>PO Box 2076</u>
<input type="checkbox"/> Authorized	<u>Rogers, AR 72757</u>	<input type="checkbox"/> Authorized	<u>Rogers, AR 72757</u>
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:

F7126520697D421...
Signature of an authorized person

Kyle Miller

Typed or printed name of signer



Arkansas Secretary of State Cole Jester

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Cole Jester, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

G200 AVIATION, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office March 29, 2021.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 7th day of January 2025.

A handwritten signature of Cole Jester in black ink, written over a horizontal line.

Cole Jester
Secretary of State

Online Certificate Authorization Code: e1706ad09593d1f

To verify the Authorization Code, visit sos.arkansas.gov