

MA9000001395



ACCOUNT NO. : 072100000032

REFERENCE : 365618 4721633

AUTHORIZATION

COST LIMIT : \$ 285.00

*Patricia Pignatelli*

ORDER DATE : September 7, 1999

ORDER TIME : 9:55 AM

ORDER NO. : 365618-005

CUSTOMER NO: 4721633

8000002979578--0

CUSTOMER: Josh Lawhead, Esq  
Waring Cox, Plc  
13th Floor  
50 North Front Street  
Memphis, TN 38103

FOREIGN FILINGS

NAME: INTREPID AVIATION PARTNERS  
II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

Name	
Availability	<b>MJH</b>
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP -7 PM 2:14

RECEIVED  
99 SEP -7 AM 11:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Intrepid Aviation Partners II, LLC

(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied for

(FEI number, if applicable)

4. August 27, 1999

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. September 7, 1999

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 15 Natchez Street

Santa Rosa, Florida 32459

(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

**NAME & ADDRESS:**

**TITLE:**

**NAME & ADDRESS:**

**TITLE:**

Ronald K. Anderson

MGR

15 Natchez Street

Santa Rosa, FL 32459

John L. Finley

MGR

15 Natchez Street

Santa Rosa, FL 32459

Robert L. Cox

MGR

15 Natchez Street

Santa Rosa, FL 32459

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SECRETARY OF STATE  
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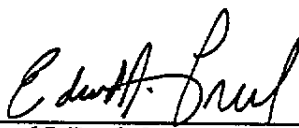
9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTREPID AVIATION PARTNERS II, 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-SEVENTH DAY OF AUGUST, A.D. 1999.



  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 9942737

3088991 8300

991358614

08-27-99

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Intrepid Aviation Partners II, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company  
(Name)

120 Hays Street  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, Florida 32301  
City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

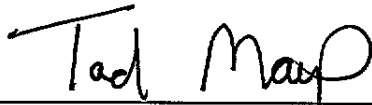
By: Deborah D. Skipper  
(Signature) Deborah D. Skipper  
as its agent

**Filing Fee: \$ 35 for Designation of Registered Agent**

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The member or authorized representative of a member of \_\_\_\_\_  
Intrepid Aviation Partners II, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 100.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 100.00 .  
(This total includes amounts from 2 and 3 above.)



\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

\_\_\_\_\_  
William T. Mays, Jr., Authorized Representative  
Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**