

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby

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applies for a Certificate of Registration to transact business in purpose submits the following statement:	the State of Rhode Island, and	for that
1. The name of the limited liability company is:		
MN Airli	nes, LLC	
Is this company organized in its state or country of formation	as a low-profit limited liability c	ompany? Yes No
The name, if different, under which it proposes to register and	I transact business in Rhode Is	sland is:
The LLC is organized under the laws of: Minn	esota	
3. The date of its organization is:	1/2002	
And the period of its duration is: CHECK ONE BOX ONLY	# LUUL	.
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhoo	le Island is:	· · · · · · · · · · · · · · · · · · ·
Agent Name		
Street Address (NOT a P.O. Box)	GLOBAL INC.	<u> </u>
·——	on Boulevard	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in th	e transaction of business in Rh	node Island are:
Airline operations		
		_
<u> </u>	Check the bo	ox to indicate an attachment
MAIL TO:		

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 450 - Revised: 11/2017

	I the agent of the foreign limited liability company for service of process if, at e resident agent cannot be found or served following the exercise of reasonable	
7. The address of the office required to be if not so required, of the principal office of t	maintained in the state or country of its organization by the laws of that state or, he foreign limited liability company is:	
1300 Co	rporate Center Curve, Eagan, MN 55121	
8. The mailing address for the limited liabil	ty company is:	
1300 Co	rporate Center Curve, Eagan, MN 55121	
9. Management of the Limited Liability Cor	npany:	
The Limited Liability Company is to be mai	naged by: CHECK ONLY ONE BOX	
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the chart below.)	
By one (1) or more managers (List ma	anagers below)	
MANAGER	ADDRESS	
Jude Bricker	1300 Corporate Center Curve, Eagan, MN 55121	
Eric Levenhagen	1300 Corporate Center Curve, Eagan, MN 55121	
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of of filing.	
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)		
Later effective date (Date must be no more than 30 days from the date of filing)		
	rm that I have examined this Application for Registration, including any latements contained herein are true and correct.	
Type or Print Name of LLC	Date	
MN Airlines, LLC		
Signature of Authorized Person		

Office of the Minnesota Secretary of State Certificate of Good Standing

1, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: MN Airlines, LLC

Date Filed: 01/24/2002

File Number: 27317-LLC

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 01/07/2019

Oteve Pinn Steve Simon

Secretary of State State of Minnesota