

**LLC-12** 

21-E62482

## **FILED**

In the office of the Secretary of State of the State of California

SEP 08, 2021

 $\label{local_local_local_local} \textbf{IMPORTANT} \ -- \ \text{Read instructions before completing this form.}$ 

Filing Fee - \$20.00

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|  |                                     |                                      |                              | This Space For Office Use Only |                   |                   |           |  |
|--|-------------------------------------|--------------------------------------|------------------------------|--------------------------------|-------------------|-------------------|-----------|--|
| 1. Limited Liability Company Name (Enter the exact name of   | the LLC. If you re                  | egistered in Californi               | ia using an a                | Iternate name, see instruction | ons.)             |                   |           |  |
| SAN DIEGO AEROBATICS LLC   |                                     |                                      |                              |                                |                   |                   |           |  |
| 2. 12-Digit Secretary of State File Number   | Foreign Country                     | or Place o                           | of Organization (only if for | rmed out                       | side of (         | California)       |           |  |
| 202119510425   | CALIFO                              | ORNIA                                |                              |                                |                   |                   |           |  |
| 4. Business Addresses  |                                     |                                      |                              |                                |                   |                   |           |  |
| a. Street Address of Principal Office - Do not list a P.O. Box   |                                     | City (no abbreviation                | ons)                         |                                | State             | Zip Co            |           |  |
| 7447 Hanford PI.  b. Mailing Address of LLC, if different than item 4a   |                                     | San Diego City (no abbreviations)    |                              |                                | CA<br>State       | 92111<br>Zip Code |           |  |
| 7447 Hanford Pl.   |                                     | San Diego                            |                              |                                | CA                | 92111             |           |  |
| c. Street Address of <b>California</b> Office, if Item 4a is not in California - Do not <b>7447 Hanford Pl.</b>  | City (no abbreviations) San Diego   |                                      |                              | State CA                       | Zip Code<br>92111 |                   |           |  |
| 5. Manager(s) or Member(s)  If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions). |                                     |                                      |                              |                                |                   |                   |           |  |
| a. First Name, if an individual - Do not complete Item 5b  Bryan   |                                     | Middle Name                          |                              | Last Name<br>Jones             |                   |                   | Suffix    |  |
| b. Entity Name - Do not complete Item 5a   |                                     | •                                    |                              |                                |                   |                   | •         |  |
| c. Address<br>7447 Hanford PI.   |                                     | City (no abbreviation San Diego      | ons)                         |                                | State<br>CA       | Zip Co            |           |  |
| Service of Process (Must provide either Individual OR Corpor   | ration.)                            | 1                                    |                              |                                |                   | 02                | •         |  |
| INDIVIDUAL – Complete Items 6a and 6b only. Must include age   | •                                   | nd California street a               | ddress.                      |                                |                   |                   |           |  |
| a. California Agent's First Name (if agent is <b>not</b> a corporation)  |                                     | Middle Name                          |                              | Last Name                      |                   |                   | Suffix    |  |
| Bryan  |                                     |                                      |                              | Jones                          |                   |                   |           |  |
| b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 7447 Hanford PI.   |                                     | City (no abbreviations) San Diego CA |                              |                                | State CA          | Zip Code<br>92111 |           |  |
| CORPORATION - Complete Item 6c only. Only include the name   | ne of the registere                 | ed agent Corporation                 | ١.                           |                                |                   |                   |           |  |
| c. California Registered Corporate Agent's Name (if agent is a corporation)  | <ul> <li>Do not complete</li> </ul> | e Item 6a or 6b                      |                              |                                |                   |                   |           |  |
|  |                                     |                                      |                              |                                |                   |                   |           |  |
| 7. Type of Business  |                                     |                                      |                              |                                |                   |                   |           |  |
| a. Describe the type of business or services of the Limited Liability Compan Aircraft Leasing  | у                                   |                                      |                              |                                |                   |                   |           |  |
| 8. Chief Executive Officer, if elected or appointed  |                                     |                                      |                              |                                |                   |                   |           |  |
| a. First Name  |                                     | Middle Name                          |                              | Last Name                      |                   |                   | Suffix    |  |
| b. Address   |                                     | City (no abbreviation                | ons)                         |                                | State             | Zip Co            | ode       |  |
| The Information contained herein, including any attack   | nments, is tru                      | e and correct.                       |                              |                                |                   |                   |           |  |
|  | •                                   |                                      |                              |                                |                   |                   |           |  |
| 09/08/2021 Bryan Jones   |                                     |                                      | anaging                      |                                |                   |                   |           |  |
| Date Type or Print Name of Person Completin  | •                                   | Tit                                  |                              | Signature                      |                   | lar tha n         | ama af a  |  |
| <b>Return Address (Optional)</b> (For communication from the Secretar person or company and the mailing address. This information will become  |                                     |                                      |                              |                                | ment em           | er the n          | anie or a |  |
| Name:  |                                     | 7                                    |                              |                                |                   |                   |           |  |
| Company:   |                                     |                                      |                              |                                |                   |                   |           |  |
| Address:   |                                     |                                      |                              |                                |                   |                   |           |  |

City/State/Zip:

## LLC-12A Attachment

21-E62482

| A.  | Limited Liability Company Name |
|-----|--------------------------------|
| ςΔΙ | N DIEGO AEROBATICS I I C       |

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| В. | 12-Digit Secretary of State File Number | C. | State or Place of Organization (only if formed outside of California) |
|----|---|----|---|
|    | 202119510425                            |    | CALIFORNIA  |

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

| First Name<br>Daniel                       | Middle Name Last Name Chripczuk  |           |             |                   | Suffix            |  |
|--|----------------------------------|-----------|-------------|-------------------|-------------------|--|
| Entity Name                                |                                  |           |             |                   |                   |  |
| Address<br>8746 Villa La Jolla Dr. Unit 49 | City (no abbreviations) La Jolla |           | State<br>CA | Zip (<br>9203     | Code<br>37        |  |
| First Name                                 | Middle Name                      | Last Name |             |                   | Suffix            |  |
| Entity Name<br>Miko Aviation LLC           |                                  |           |             |                   |                   |  |
| Address<br>10748 Keith St.                 | City (no abbreviations) Santee   |           | State<br>CA | Zip (<br>920      | Code<br><b>71</b> |  |
| First Name                                 | Middle Name                      | Last Name |             | •                 | Suffix            |  |
| Entity Name<br>BS Aeronautics, LLC         |                                  |           |             |                   |                   |  |
| Address<br>222 Lakeridge Dr.               | City (no abbreviations) Dallas   |           | State<br>TX | Zip Code<br>75218 |                   |  |
| First Name                                 | Middle Name                      | Last Name |             |                   | Suffix            |  |
| Entity Name                                |                                  |           |             |                   |                   |  |
| Address                                    | City (no abbreviations)  State   |           |             | Zip (             | Zip Code          |  |
| First Name                                 | Middle Name                      | Last Name |             |                   | Suffix            |  |
| Entity Name                                |                                  |           |             |                   |                   |  |
| Address                                    | City (no abbreviations)          |           | State       | Zip (             | Code              |  |
| First Name                                 | Middle Name                      | Last Name | •           | ı                 | Suffix            |  |
| Entity Name                                |                                  |           |             |                   |                   |  |
| Address                                    | City (no abbreviations)          |           | State       | Zip (             | Code              |  |
| First Name                                 | Middle Name                      | Last Name |             |                   | Suffix            |  |
| Entity Name                                |                                  |           |             |                   |                   |  |
| Address                                    | City (no abbreviations)          |           | State       | Zip Code          |                   |  |
|  |                                  |           |             | <u> </u>          |                   |  |