

F14000003265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

64-47316



000262585410

RECEIVED  
14 AUG - 1 AM 10:52  
DEPARTMENT OF REVENUE  
FILED  
2014 AUG - 1 AM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 237342 7352525

AUTHORIZATION

*Lyndell*

COST LIMIT : \$ 70.00

ORDER DATE : July 30, 2014

ORDER TIME : 12:01 PM

ORDER NO. : 237342-005

CUSTOMER NO: 7352525

FOREIGN FILINGS

NAME: FLAGSHIP AIRPORT SERVICES,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62925

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2014

CORPORATION SERVICE COMPANY  
WALK IN

SUBJECT: FLAGSHIP AIRPORT SERVICES, INC.  
Ref. Number: W14000047316

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 AUG -4 PM 4:30  
NOT RECORDED  
TO AVOID DELAY  
SUFFICIENT BY FILING

**RESUBMIT**  
Please give original  
submission date as file date.

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

The entity's date of incorporation/organization must be listed in the document.

Your date of incorporation is wrong.,

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00016565

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Flagship Airport Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Greg Bogdanovich

Name of Person

Flagship Airport Services, Inc.

Firm/Company

1050 North Fifth Street, Suite 50

Address

San Jose, CA 95112

City/State and Zip code

legal@flagshipinc.com

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

For further information concerning this matter, please call:

Ana Santiago

at ( 408 ) 977-0155 ext 131

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Flagship Airport Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 20-0470914
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 17, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. October 1, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1050 North Fifth Street, Suite 50 San Jose, CA 95112
(Principal office address)

1050 North Fifth Street, Suite 50 San Jose, CA 95112
(Current mailing address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2014 AUG - 1 AM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

Emily Gray
Asst. Vice President

By: Emily Gray
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: David Pasek

Address: 1050 North Fifth Street, Suite 50

San Jose CA 95112

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Katheryn Pasek

Address: 1050 North Fifth Street, Suite 50

San Jose CA 95112

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. David Pasek

(Typed or printed name and capacity of person signing application)

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

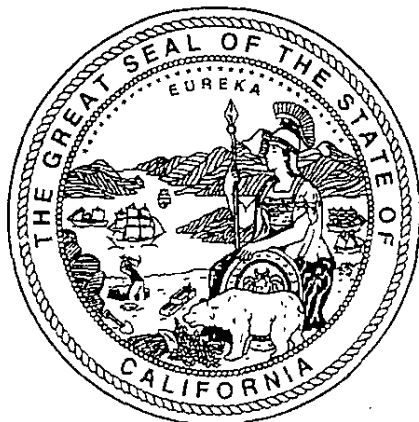
FLAGSHIP AIRPORT SERVICES, INC.

FILE NUMBER: C2568939  
FORMATION DATE: 12/17/2003  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of July 30, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

NLH