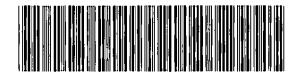
F17000005335

(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



300304917623

THOU 20 MILLI

FILED
NOV 20 AH 8: 2

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 920911 11663B

AUTHORIZATION

COST LIMIT : (\$ 70.00

ORDER DATE: November 17, 2017

ORDER TIME : 9:59 AM

ORDER NO. : 920911-005

CUSTOMER NO: 11663B

FOREIGN FILINGS

NAME: EVOAERO, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section				
	Division of Corporation	ons			
SHRI	EvoAero, Inc. ECT:				
5050		Name of corpora	tion -	must include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by ficate of Existence," or ' referenced foreign corporate	'Certificate of Good	Stand	ing" and check are sul	nct Business in Florida," comitted to register the
	return all corresponden Howe, Paralegal	ce concerning this ma	atter t	o the following:	
		Name	of Pe	erson	,
Hallon	an & Sage, LLP				
		Firm/0	omn		
225 As	sylum Avenue,	1 1111100	Jonnp.	any	
Hartfo	rd, CT 06103	A	ddress	5	
		City/Sta	te and	Zip code	
howe@	ghalloransage.com	-		•	
	E-m	ail address: (to be us	ed for	future annual report	notification)
For fur				-	,
) Of Idi	ther information concer	mig uns matter, plea	se cai	1;	
Carrie Howe, Paralegal 860 297-4673					
	Name of Person	at ()	
	Name of Ferson	Arca (Lode	Daytime Telep	hone Number
Enclose	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	.00 Filing Fee	8.75 Filing Fee & ertificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

inc ""Co ""C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATIO	N,"
ис., со., с	orp, me, co, or corp.)		
If name unavaila Connecticut	able in Florida, enter alternate corporate name		ng business in Florida)
	3.	06-1357731	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	nnlicable)
December 30, 19	792	Perpetual	
(1)	of incorporation) 5.	(Date of duration, if other	
(Date	of incorporation)	(Date of duration, if othe	r than perpetual)
	(Date first transacted business in	Florida, if prior to registration)	- -
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liabi	lity)
5 Sullivan Ave			
	(D-in-i-	al office address)	
outh Windsor, C		ar office address)	
<u> </u>			
	(Current mailin	g address, if different)	
			∑ 8. ≾
lame and stree	t address of Florida registered agent: (P.C). Box: NOT acceptable)	
	Corporation Service Company		NOV 20
Name:			20 20
	1201 Hays Street		mill, m
ce Address:		<u> </u>	
	Tallahassee	32301	<u> </u>
	(City)	, Florida (Zip code)	골을 👱
	(City)	(Zip code)	**
egistered age	nt's acceptance:		
	ed as registered agent and to accept servi	ce of process for the above state	ed cornoration at the place
nated in this	application, I hereby accept the appointn	tent as registered agent and agi	ree to act in this capacity.
i er agree to ca	emply with the provisions of all statutes re	elative to the proper and compl	ete performance of my
s, and I am fo	imiliar with and accept the obligations of	my position as registered agen	ıL.
	orporation Service Company		Roxanne Turn

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 Pedro J. Agreda Chairman: 39 Fox Ridge Road Address: West Hartford, CT 06107 Vice Chairman: _____ Address: __ Director: _ Address: Director: **B. OFFICERS** Pedro J. Agreda President: 39 Fox Ridge Road Address: West Hartford, CT 06107 Vice President: Address: _____ Juan C. Agreda Secretary: 133 Still Road, West Hartford, CT 06107 Address: __ Treasurer: Address: NOTE: If necessary/you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Juan C. Agreda

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

EVOAERO, INC.

a domestic STOCK corporation, was filed in this office on December 30, 1992, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Denis Menk

Date Issued: November 03, 2017

Business ID: 0280929 Express Certificate Number: 2017329892001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov