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SECRETARY BY STATE
BIVISION OF CORPORATIONS
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## **COVER LETTER**

TO:	<ul><li>Registration Se Division of Co</li></ul>				
CHD		Trego/Dugan A	viation of Gra	and Island, Inc.	
SODA	JECT:	Name o	of corporation	n - must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existen		of Good Sta	Authorization to Transac nding" and check are sub ess in Florida.	
Please	return all corres	pondence concerni	ng this matte	r to the following:	
			Vincent J.	Dugan	
		<u> </u>	Name of	Person	
		Trego/D	ugan Aviatior	of Grand Island, Inc.	
			Firm/Con	npany	
			P.O. Box	1226	
			Addr	ess	
			North Platte, 1	NE 69103-1226	
			City/State a	and Zip code	
			vince@treg	go-dugan.com	
	<del></del>	E-mail address	(to be used	for future annual report n	otification)
For fu	rther information	concerning this ma	atter, please	call:	
Vincent J. Dugan 308		308 at (	532-5864		
	Name of Perso		Area Coc	le Daytime Telepl	none Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	S:	MAH.ING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection prporations
Enclos	sed is a check for	the following amo	unt:		
□ \$70	0.00 Filing Fee	S78.75 Filing Certificate o		3 \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status &

# 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.

	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORATION."	
(If name unavail:	ible in Florida, enter afternate corporate name a	dopted for the purpose of transacting business in Florid	da)
Nebraska	3.	43-2028826	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
September 11	2, 2003		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
· ·	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
#BT INT.		02, F.S., to determine penany habitity)	
30 Terminai Driv	e, Suite 1-4-450, Ft, Lauderdale, FL 33315	al office address)	
P () Pox 1226 N	Jorth Platte, NE 69103	in office addressy	
T.O. DOX 1220.1	T	g address, if different)	
	,	<b>a</b>	
Name and stree	t address of Florida registered agent: (P.C	Box NOT acceptable)	
	InCome Completion Line	<u> </u>	
Name:	InCorp Services, Inc.		2
ffice Address:	17888 67th Court North		•
	Loxahatchee	. Florida 33470	
	(City)	(Zip code)	

#### 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.

Kathy Shin on behalf of InCorp Services, Inc. (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. DIRECT	TORS		
Chairman:	Vincent J. Dugan		
Address:	3021 W. Leota Street		
	North Platte, NE 69101		
Vice Chairma	Gury M. Trego n:		_
Address:	3221 W. Leota Street		• •
	North Platte, NE 69101		
Director:	Traci T. Dugan		
Address:	3021 W. Leota Street		
-	North Platte, NE 69101		
Director:	Matthew C. Dugan		
	3021 W. Leota Street		
	North Platte, NE 69101		
B. OFFICE	CRS		
President:	Vincent J. Dugan		
	3021 W. Leota Street		
	North Platte, NE 69101		
Vice Presiden	Traci T. Dugan t:	<b>5</b>	₽ <b>5</b> 3
Address:	3021 W. Leota Street	££8	ECRE
	North Platte, NE 69101	22	FIL TARY OF C
Secretary:	raci T. Dugan	79	ED PF PF
	21 W. Leota Street, North Platte, NE 69101	2: 0	TATE
Treasurer:	incent J. Dugan	<b>4.0</b> .	35
Address: 302	21 W. Leota Street, North Platte, NE 69101		
<b>NOTE:</b> If n	necessary, you may attach an addendum to the application listing additional officers and/or	director	·S.
are true and a third degre	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the fathat he or she is aware that false information submitted in a document to the Department of felony as provided for in s.817.155, F.S.		
13. Vincen	t J. Dugan. President		

## STATE OF NEBRASKA

United States of America, State of Nebraska } ss.

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

### TREGO/DUGAN AVIATION OF GRAND ISLAND, INC.

incorporated on September 12, 2003 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

**February 8, 2018** 

Secretary of State