FOOQOOOOO 47.7

Fo: Qualification/Tax Lien Section Division of Corporations	-
SUBJECT: UPPER LIMIT (Name of corporation)	S AVIATION, LTD., INC. on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	Authorization to Transact Business in Florida", register the above referenced foreign corporation
Please return all correspondence concerning this matter	er to the following:
LYNDA (Name o	S. DEWINDT of Person)
UPPER LIMITS	MUIATION LTD ompany)
	OK'S NEST DR dress)
DAY TONA B (City/S	EACH FL 32/24 tate/Zip)
Should you need to call someone concerning this mat	ter, please call:
(Name of Person) at (904)	763 - 5629 a Code & Daytime Telephone Number)
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee \$\Bar{\text{Certificate of Status}}\$	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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. OPPER LIMITS AUIATION, LTD., INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) State or country under the law of which it is incorporated)

3. 36-344/653

(FEI number, if applicable) 4. APRIL 2, 1986 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual") FEBRUARY 1, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) DAYTONA BEACH FL 3212Y

(Current mailing address) 1984 HAWK'S NEST DR 8. AIRCRAFT LEAS ING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Office Address: 1984 HAWK'S NEST DR DAYTONA BEACH, Florida, 32124 (Zip code) 10. 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. Lynns Wellinds 11. 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.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

	TORS (Street address only - P.O. Box NOT acceptable)	<u></u>
Chairman:	GARY L. DEWINDT	· · · · · · · · · · · · · · · · · · ·
Address:	1984 HAWK'S NEST DR	
	DAYTONA BEACH FL 32/24	
	nan:	
Address:		
 Director:	GARY L. DEW,NOT AS ABOVE	44.
Address:		
 Director:		
Address:		
	CERS (Street address only - P.O. Box NOT acceptable)	30 5
	GARY L. DEWINDT	LA POLITICA
Address:	AS ABOVE	MG 38 B-
— Vice Preside	dent:	29
Address:		
Secretary:	LYNDA S. DEWINDT	
	1984 HAWK'S NEST DR	
	DAYTONA BEACH FC 32	124
Treasurer: _		· · · · · · · · · · · · · · · · · · ·
Address:		59
NOTE: If	If necessary, you may attach an addendum to the application listing additional officers and/or dire	ectors.
13	Lines alle hill	
14	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) LYNDA 5. DEW, NDT Se	CRETARY
	(Typed or printed name and capacity of person signing application)	

File Number ______ 5419-657-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this _______ 11TH day of _____ JANUARY A.D. _____ 2000 .

Desse White

SECRETARY OF STATE