

TRANSMITTAL LETTER								
TO: Qualification/Registration Section Division of Corporations								
SUBJECT: YANKEE AIR FORCE; INCORPORATED								
(Name of Corporation)								
70000348741176								
Dear Sir or Madam:								
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.								
Please return all correspondence concerning this matter to the following:								
Name of Person)								
(Name of Person)								
FICRION DIVISION OF THE WARKET BOTTORT								
FLORIDA DIVISION OF THE YANKEE AIRFORCE (Firm/Company)								
11755 SW 79th DIRLLE (Address)								
(Address)								
Ocala, FL 34476								
Ocala, FL 34476 (City, State and Zip Code)								
(City, State and Zip Code)								
For further information concerning this matter, please call:								
JOHN PAUL at (352) 237 - 7826 12/1								
Name of Person) at (352) 237 - 7826 Area Code & Daytime Telephone Number								
STREET ADDRESS: Qualification/Tax Lien Section MAILING ADDRESS: Qualification/Tax Lien Section								
Division of Corporations Division of Corporations								
409 E. Gaines St. Tallahassee, FL 32399 P. O. Box 6327 Tallahassee, FL 32314								
Enclosed is a check for the following amount:								
□ \$70.00 Filing Fee \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,								
Certificate of Status Certified Copy Certificate of Status &								

Certificate of Status &

Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(2 1	Name of corporation: must include the word "INCO abbreviations of like import in language as will clear person or partnership if not so contained in the name corporate suffix by a nonprofit corporation.)	RPO	RATED" or "CORPORA dicate that it is a corpora	tion inst	ead of a natu	ural as a	
2.	MICHIGAN	3					
	MICITIGAN (State or country under the law of which it is incorporated)		(FEI number,	if applic	cable)		
4.	November 25 17, 1981 (Date of Incorporation)	_ 5.	PERPETHAL				
	(Date of Incorporation)		(Duration: Year corp. "perpetual")	will ceas	e to exist or	····	
6.	SEPTEMBER 1,00	-					
	(Date corporation first conducted Affairs in Flo See sections 617.1501, 617.1502, and 817.155,	rida F.S.)	= :			
7	P.O. Ber 590			. –	SECRETARY OF STATEMENT OF STATE	3	
						3	Ţ Ţ
	Belleville Mi. 48112					2 =	
	Bolleville, Mi. 48112 (Current mailing add	iress)				л — — — — — — — — — — — — — — — — — — —	
					F S		
8. <u>/</u>	RESTORIE and DISPLAY IN A A Purpose(s) of corporation authorized in home state of	Mus	EUM SETTING	MIL	1 Page y 5	PAIRCR	MFT
(1	Purpose(s) of corporation authorized in home state of	r cou	ntry to be carried out in	the state	of Florida) Ç	2	
9. I	Name and street address of Florida registe	red	agent:				
	JOHN PAUL	me)					
	11755 SW 7975 CIRCLE (Office	-	ess)				
	Ocialia (City)		, Florida, <u>=</u> (2	<i>3 9 1</i> ip Code)	476		

10. Registered agent's acceptance:

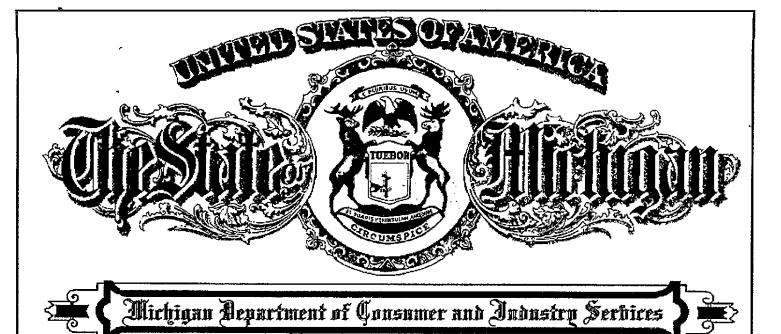
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

incorporated. 12. Names and addresses of officers and/or directors: (Street address only- P. O. Box - NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Collene Con RAD Address: 9920-F SW 8974 CT. Rd PCALIA FL: 34481 Vice President: JAMES MILLIEIZ Address: 8738-14 SW 9074 ST OCALA, FL 34481 Secretary: CAROLYN MILLS Address: 8185 N. FANTIA DR CITRUI SPRINGS FL Treasurer: -JOHN PALL Address: 11755 SW 19th DIRCCE DCALIF, FL, 34496 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) JOHN PAUL TREAS.

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

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



Langing, Michigan

This is to Certify That

YANKEE AIR FORCE, INCORPORATED

was validly incorporated on November 17, 1981, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of November, 2000.

. Director

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Bureau of Commercial Services