

ACCOUNT NO.

: -07210000032

REFERENCE

: 136889

7268927

AUTHORIZATION

COST LIMIT : \$87.

ORDER DATE: May 2, 2001

ORDER TIME: 2

2:39 PM

ORDER NO. : 136889-005

CUSTOMER NO:

7268927

CUSTOMER: Ms. Sharon Joyce

Aviation Management Services,

215 Maxwell Drive

Pittsburgh, PA 15326

FOREIGN FILINGS

NAME:

AVIATION MANAGEMENT SERVICES,

INC.

XXXX QUALIFICATION

(TYPE: CO)

400004140394---6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 1114

EXAMINER:

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Richard M. Ryan, do hereby certify that this Resolution of the Board of Directors of Aviation Management Services a corporation duly organized and existing under the laws of the State of Pennsylvania, was duly adopted on May 9, 1996.

Be it resolved, that Aviation Management Services, Inc. organized and existing in the State of Pennsylvania, hereby adopts the name Aviation Management Services of Orlando, Inc. or use in the State of Florida.

Date: May 2, 2001

Chairman, Vice Chairman or any officer

Richard M. Ryan

Type or Print Name

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANO	CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO				
	OREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.				
AVIATIO	N MANAGEMENT SERVICES, INC. doing business in Florida as:				
1. AVIATIO	N MANAGEMENT DERVICES OF ORLANDO, INC				
	oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or				
	viations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)				
naturat person	or partnership it not so contained in the name at present.)				
	ylvania 3. <u>25-1783038</u> 10 m				
(State or count	try under the law of which it is incorporated) (FEI number, if applicable)				
1 5	-9-96 5 fee not 141 == 2 19				
T. (Da	te of incorporation) (Duration: Year corp. will cease to exist or "norpetual")				
,	1)Pan Bualification				
6	acted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")				
(Date Institution	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)				
05,-	1 Sull Day Diale Culture				
7. <u>00 </u>	1 JOUTH PARK CIRCLE Juite 200 FL 32819				
	(Principal office address)				
	(Current mailing address)				
Λ	^ ^				
/ / /	ENTER OF AUGUST AND A MITTER				
8. <u>9</u> t	NOTE HVIATION FIR CARRIER - MIGHT				
(Purpose	(s) of corporation authorized in home state or country to be carried out in state of Florida)				
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)				
	Corporation Service Company				
Name:	Corporation Service Company				
Off Addison	1201 Hays Street				
Office Address:					
	Tallahassee , Florida 32301				
	, i tottud				
	(Elly)				
10. Registered	agent's acceptance:				
•	•				
	as registered agent and to accept service of process for the above stated corporation at the place plication, I hereby accept the appointment as registered agent and agree to act in this capacity. I ply with the provisions of all statutes relative to the proper and complete performance of my				
	red agent's acceptance: In named as registered agent and to accept service of process for the above stated corporation at the place In this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I It is comply with the provisions of all statutes relative to the proper and complete performance of my If am familiar with and accept the obligations of my position as registered agent.				
ŕ					

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.

(Registered agent's signature)

2. Names and business addresses of office	ers and/or director	rs:	11 1	1
A. DIRECTORS		Richard	ideni Im l	2,01
Chairman:		MICHARO	- / / / / /	MAN
Address: 215 MAXWE Pi++Sburgh	211 Dr.			<u> </u>
Pi++sburgh	, PA	15236		
Vice Chairman:	·			
Address:		·		多夏
				经一日
Director:			 	· · · · · · · · · · · · · · · · · · ·
Address:	<u>-</u>	 		33
				
Director:	<i>=</i>	•	- -	
Address:				
B. OFFICERS			.	
President:				
Address:				
		- 		
Vice President:				
Address:				
			· · · · · · · · · · · · · · · · · · ·	· + .
Secretary:			<u> </u>	
Address:		· · · · · · · · · · · · · · · · · · ·	4 ⁻	
Treasurer:			- - -	
Address:	, , , , , , , , , , , , , , , , , , ,			
NOTE: If necessary, you may attach an add	dendum to the appli	cation listing additio	nal officers and	l/or directors.
$()$. ν				
(Signature of Chairman, Vic	ce Chairman, or any	y officer listed in nur	nber 12 of the a	pplication)
14. Typed or printed n	ame and capacity o	f person signing appl		' 1
(1) Pod or Printed in		·· F · ··· O · O ·- K K ·		

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 02, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:



I DO HEREBY CERTIFY THAT,

AVIATION MANAGEMENT SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF. I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

DPOS