

F010000003664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

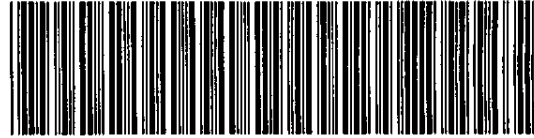
(Business Entity Name)

(Document Number)

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03/09/15--01036--034 \*\*52.50

*Name Change  
Amend*

FILED  
2015 MAR 30 PM 1:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*DDR  
3/21/15*

*\*00789, 00641, 00524, 00671*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Charter Air Transport, Inc  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Collins  
Name of Contact Person

Charter Air Transport Inc  
Firm/Company

218 Jackson Street  
Address

Maitland, FL 32751  
City/State and Zip Code

katec@flyviaair.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Collins at (407) 641 4122 x8307  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2015

Katie Collins  
Charter Air Transport Inc  
218 Jackson Street  
Maitland, FL 32751

SUBJECT: CHARTER AIR TRANSPORT, INC.  
Ref. Number: F01000003664

We have received your document for CHARTER AIR TRANSPORT, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please send a certified copy showing both the "old" and "new" names.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 115A00005064

15 MAR 30 PM 1:01  
STATE  
DIVISION OF CORPORATIONS

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F0100000 3664

(Document number of corporation (if known))

FILED  
2015 MAR 30 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Charter Air Transport, Inc

(Name of corporation as it appears on the records of the Department of State)

2. Colorado

(Incorporated under laws of)

3. 07/11/2001

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 03/5/2015

5. Via Airlines, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Katie Collins

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Katie Collins

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**Via Airlines, Inc.**

is a **Corporation** formed or registered on 03/25/1997 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971046516.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/03/2015 that have been posted, and by documents delivered to this office electronically through 03/05/2015 @ 08:38:39.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/05/2015 @ 08:38:39 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9114811.



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bic-CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*



Document must be filed electronically.  
Paper documents are not accepted.  
Fees & forms are subject to change.  
For more information or to print copies  
of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

Colorado Secretary of State  
Date and Time: 03/05/2015 08:35 AM  
ID Number: 19971046516

Document number: 20151163571  
Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

### Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:	<u>19971046516</u>			
Entity name:	<u>Via Airlines, Inc.</u>			
Jurisdiction under the law of which the entity was formed or registered:	<u>Colorado</u>			
1. Principal office street address:	<u>218 Jackson Street</u> <small>(Street name and number)</small>			
	<u>Maitland</u> <small>(City)</small>	<u>FL</u> <small>(State)</small>	<u>32751</u> <small>(Postal/Zip Code)</small>	
	<u></u> <small>(Province – if applicable)</small>	<u>United States</u> <small>(Country – if not US)</small>		
2. Principal office mailing address: (if different from above)	<u></u> <small>(Street name and number or Post Office Box information)</small>			
	<u></u> <small>(City)</small>	<u></u> <small>(State)</small>	<u></u> <small>(Postal/Zip Code)</small>	
	<u></u> <small>(Province – if applicable)</small>	<u></u> <small>(Country – if not US)</small>		
3. Registered agent name: (if an individual)	<u></u> <small>(Last)</small>	<u></u> <small>(First)</small>	<u></u> <small>(Middle)</small>	<u></u> <small>(Suffix)</small>
or (if a business organization)	<u>The Corporation Company (CT Corporation)</u>			
4. The person identified above as registered agent has consented to being so appointed.				
5. Registered agent street address:	<u>1675 Broadway Suite #1200</u> <small>(Street name and number)</small>			
	<u>Denver</u> <small>(City)</small>	<u>CO</u> <small>(State)</small>	<u>80202</u> <small>(Postal/Zip Code)</small>	
6. Registered agent mailing address: (if different from above)	<u></u> <small>(Street name and number or Post Office Box information)</small>			
	<u></u> <small>(City)</small>	<u></u> <small>(State)</small>	<u></u> <small>(Postal/Zip Code)</small>	
	<u></u> <small>(Province – if applicable)</small>	<u></u> <small>(Country – if not US)</small>		

**Notice:**

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

**7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:**

Collins	Katie		
(Last)	(First)	(Middle)	(Suffix)
218 Jackson Street			
(Street name and number or Post Office Box information)			
Maitland		FL	32751
(City)	(State)	(Postal/Zip Code)	
United States			
(Province – if applicable)		(Country – if not US)	

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.