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-	tion/Tax Lien Sector of Corporations	ion		/,	10/			
SUBJECT:	AEROW			//	// ,		M.	
	(	Name of corpo	ration - mus					
Dear Sir or Mada	m:			<b>~</b>	300004 *****	<del>//</del> 010104	145 − 40( ***87	5 )5 , 50
The enclosed "Ap" "Certificate of Exto transact busine	pplication by Forei istence", and chec ss in Florida.	gn Corporation k are submitted	for Author I to register	ization to Trans the above refer	sact Business i renced foreign	in Florida",	,,,,,,,,,,	*3U
Please return all	correspondence con	_		following:				
	Micha	Name (Name	n S ne of Person	<u> </u>		-		
<u>:</u>	Aerowi 4101 N.L			•		SEC	011	
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· <del>-</del> -	1 mm j		/State/Zip)			ATE	50	
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Should you need	to call someone co	ncerning this m	natter, pleas	e call:				
		30.		5-8290				
Michae	1 Evans	at ( <b>66</b>	3 198	4-4036	<b>}</b>			
(Name o	Person)	(Aı	rea Code &	Daytime Telep	hone Number	)	·	
		0						
STREET ADDR	ess: Ot	363 146	MAR	LING ADDRE	SS:			
Qualification/Tax	Lien Section		$\mathcal{O}_{\mathrm{Oualid}}$	fication/Tax Lie	en Section			
Division of Corpo	rations	y Yll	Divisi	on of Corporati				
409 E. Gaines St. Tallahassee, FL 3	2399	)`	P.O. E Tallah	Box 6327 assee, FL 323	14			
Enclosed is a chec	ck for the following	g amount:						
☐ \$70.00 Filing I		Filing Fee & cate of Status		Filing Fee & led Copy		Filing Fee, cate 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	
AEROWING, Incorporated	
(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.)	-
2. Nevada 3. 88-05/1566 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 9-10-0) (Date of incorporation)  5. Perfectual (Duration: Year corp. will cease to exist or "perpetual")	
6. None yet  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	. ·
7. 4101 NW 29th ST.	
(Current mailing address)  ASS ON AND TOLINGS  (Current mailing address)	<b>,</b>
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	FILE
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Office Address: 4101 N.W. 29th St.	
Miami, Florida, 33142 (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 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)	, 1
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

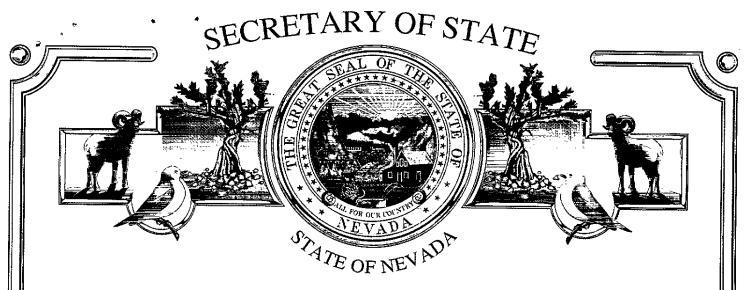
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)						
Address: 4/11/11/129th Ct						
Miami, FL 33142  Vice Chairman:	<u></u>					
Vice Chairman:						
A.J.,	**************************************					
Address:	<u> </u>					
Director: Michael J. Evans						
Address: 4101 NW 29th St.						
Min 51 77142						
Director: RRIVAD Commodia						
Address: 4101 N.W. 29th St.						
Minmi, FL 37142						
B. OFFICERS (Street address only - P.O. Box NOT acceptable)						
President: LAURENT Dumortier	<u> van de la </u>					
Address: 4101 N.W. 29th St.	<u></u>					
Miami, FL 33/42	M					
Vice President: Michael J. Evans						
Address: 410/ N.W. 29th St.						
Miami, FL 33142						
Secretary: BRuno Comoslio						
Address: 4101 N.W. 29th St.						
M.AMi, FL 33142						
Treasurer: Laurent Dumortier						
Address: 4/0/ N.W. 29th St.	<u> </u>					
Miam., F/ 33142						
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	ctors.					
13. Michael Ilm						
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	ion)					
14. Michael J. Evans - Vice President (Typed or printed name and capacity of person signing application)						
(1) ped of princed hame and capacity of person signing application)						

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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AEROWING**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 10, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on September 14, 2001.

Secretary of State

By Wike the Shina

Certification Clerk