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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

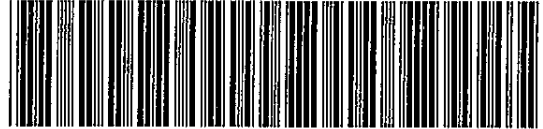
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

04 APR 16 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 APR 16 PM 12:57

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

CT CORPORATION SYSTEM

660 East Jefferson Street  
Tallahassee, FL 32304 April 16, 2004  
Tel. 850 222 1092  
Fax 850 222 7615

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
04 APR 16 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6082572 SO  
Customer Reference 1: 10653/30946  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

ERG Aviation II, Inc. (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

**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.

**FILED**  
04 APR 16 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **ERG Aviation II, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. **Delaware**

(State or country under the law of which it is incorporated)

3.

20-0995152  
(FEI number, if applicable)

4. **April 12, 2004**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **215 Celebration Place, Suite 200**

(Principal office address)

**Celebration, FL 34747**

(Current mailing address)

8. **any & all lawful business not specifically prohibited to profit corporations under the laws of Florida**

(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)

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

**Plantation**

(City)

Florida **33324**

(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.*

*Carmin Agan*

(Registered agent's signature)

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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Edward R. Ginn, III

Address: 215 Celebration Place, Suite 200  
Celebration, FL 34747

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Edward R. Ginn, III

Address: 215 Celebration Place, Suite 200  
Celebration, FL 34747

Vice President: Robert F. Masters

Address: 215 Celebration Place, Suite 200  
Celebration, FL 34747

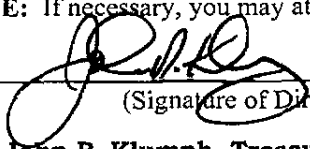
Secretary: Robert F. Masters

Address: 215 Celebration Place, Suite 200, Celebration, FL 34747

Treasurer: John P. Klumph

Address: 215 Celebration Place, Suite 200, Celebration, FL 34747

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. John P. Klumph, Treasurer  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

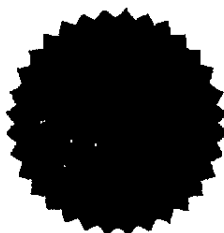
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ERG AVIATION II, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

3788782 8300

040274561



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3052894

DATE: 04-14-04