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SECRE (Requestor's Name)	Tar Ass	M OF STAT
(Address)	•	
(Address)		
(City/State/Zip/Phone #)	•	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	,	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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TRANSMITTAL LETTER FILED

TO:	Registration S		2004 MAY 19 P 3: 22		
	Division of Co	rporations	SECA	ETARY OF STATE	
SUBJ	ECT:	AIRFLEET K	ESPNISCESTA	topic to militaric.	
		(Name of corpora	ation - must include suffix)	
Dear S	Sir or Madam:				
"Certif	nclosed "Applica ficate of Existen et business in Flo	ation by Foreign Corporation for and check are submitted to orida.	or Authorization to Transso register the above refere	act Business in Florida", enced foreign corporation to	
Please	return all corres	pondence concerning this mat	ter to the following:		
		ATTORNEY	John COLE	II, P.A.	
		(Name	of Person)		
		(Firm/	Company)		
			• • /	BALLERA	
		46 NORTH W	JASHINGTEN	POULEV HEIS	
		SARASO	TA, FLOWIDA	34236	
		(City/Sta	te and Zip code)		
For fur	ther information	concerning this matter, pleas	e call:		
\mathcal{Z}	OHN COLE	e , 941	365-40	55	
	(Name of Pers	son) (Are	365 - 40 ea Code & Daytime Telepl	none Number)	
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399	ns	MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons	
Enclos	ed is a check for	the following amount:	,		
(7 \$70	.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

EGIS	STER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATION TO	ED 31 4
	AIRFLEET RESOURCES FLORIDA, IUC.	~ J: Z
(Ente	AIRFLEET RESOURCES FLORIDA, IUC. ter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," TALLAHASSEE,, "Co.," "Corp," "Inc," "Co," or "Corp.")	F STATE FLORID
(If na	name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
	DELAKIALE 3 13-4210592	
(State	e or country under the law of which it is incorporated) [13-4210592 (FEI number, if applicable)	
	Sept. 12, 2002 5. PELPET Jole. (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
	UPON QUALIFICATION	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
	9040 TOWN CENTER PRULY, SUITE 108,	
	(Principal office address)	
	LALEROOD RAICH, FLORING, 34202	
	(Current mailing address)	
	(Disconnected of cornoration authorized in home state or country to be carried out in state of Florida)	
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: Mr. R. Jother Cole, II Co:	
îtO	Name: Mr. R. Jother Cole J. Coj. Tice Address: 40 K, Washington Bird - 5-to 24	
	SALASOTA (Time Service Service (Zincode)	
	(City) (Zip code)	
Hav desi furt	Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m I am familiar with and accept the obligations of my position as registered agent.	city. I
, , ,	James accept the obaguitons of my position as registered agent.	
	(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: ____ Address: 2004 MAY 19 P 3: 23 Vice Chairman: SECRETARY OF STATE Address: _____ TALLAHASSEE, FLORIDA Director: ____ CHANGE HELLER Address: 5119 RIDGELAKE PLACE SAZASUZA, E 34286 Director: ____ LEICH Herrica PLAZE, SALASUTA, PL 34235 Address: 5119 B. OFFICERS President: ______ Address: ___ Vice President: Address: _____ Secretary: __ Address: ___ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

CHAMES HELLER - PIRECTOR

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

14. _____

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRFLEET RESOURCES FLORIDA INCORPORATED" 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 THIRTIETH DAY OF APRIL, A.D. 2004.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3084970

DATE: 04-30-04

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