

F04000006015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

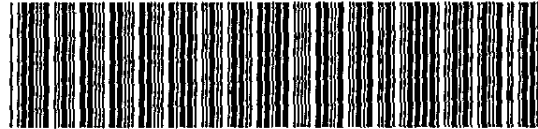
(Business Entity Name)

(Document Number)

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

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04 OCT 18 PM 3:20  
TALLAHASSEE, FLORIDA

# KAREN B. SCHAPIRA, PA

ATTORNEY AT LAW

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

BY FEDERAL EXPRESS

October 14, 2004

RE: Registration of Global Aerofleet, Inc. as a Florida Foreign Corporation

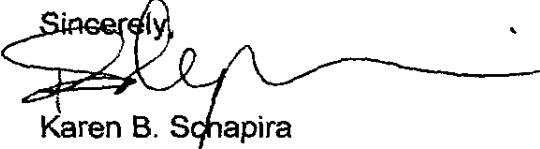
Dear Sir or Madam:

The undersigned is the attorney for the Estate of Saul Zadik, deceased and attorney for the personal representative, Ofer Sadik. For purposes of opening a bank account and finalizing the estate, it is necessary to register the above referenced corporation in the State of Florida. I am enclosing the following:

1. Application for Authorization to Transact Business in Florida;
2. Certificate of Existence from Delaware;
3. A certified copy of the Letters of Administration; and,
4. My Trust Account check in the amount of Seventy Dollars (\$70.00).

Please return all correspondence to this office at the address listed on my letterhead. Thank you for your kind assistance with this matter. If there is anything further needed, please contact me.

Sincerely,

  
Karen B. Schapira

**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.

1. GLOBAL AEROFLEET, 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. 43-1959943

(FEI number, if applicable)

4. 2/19/2002

(Date of incorporation)

5. 2005

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

6. 09-29-04

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o 7420 NW 5<sup>th</sup> St., Suite 110, Plantation, FL 33317

(Principal office address)

1895 Harbor Pointe Circle, Weston, FL 33327

(Current mailing address)

8. Open a bank account

(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 NOT acceptable)

Name: KAREN B. SCHAPIRA, P.A.

P04-118852

Office Address: 7420 NW 5<sup>th</sup> Street

Plantation

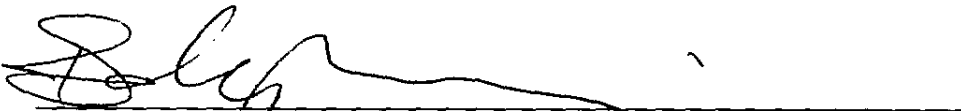
(City)

, Florida 33317

(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.*

  
(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: \_\_\_\_\_

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

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

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

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

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

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

**B. OFFICERS**

President: ESTATE OF SAUL ZADIK, by & through the PR

Address: OFER SADIK c/o 2860 Center Port Circle

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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. OFER SADIK, Personal Representative

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

FILED  
04 OCT 18 PM 3:21  
TALLAHASSEE  
FLORIDA

IN THE CIRCUIT COURT OF THE  
17TH JUDICIAL CIRCUIT IN AND  
FOR BROWARD COUNTY, FLORIDA

FILE NUMBER: 04-1198 62  
DIVISION: PROBATE

IN RE: ESTATE OF SAUL ZADIK  
Deceased.

**SUCCESSOR LETTERS OF ADMINISTRATION  
(TESTATE ESTATE)**

TO ALL WHOM IT MAY CONCERN:

WHEREAS, Saul Zadik, a resident of Broward County, Florida, died on January 31, 2004, owning assets in the State of Florida, and

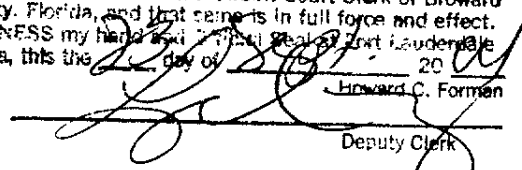
WHEREAS, Ofer Sadik has been appointed successor personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Court Judge, declare Ofer Sadik to be duly qualified under the laws of the State of Florida to act as successor personal representative of the estate of Saul Zadik, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

WITNESS my hand and the seal of this Court this Sept-15-2004

  
The Honorable Judge Mark A. Speiser

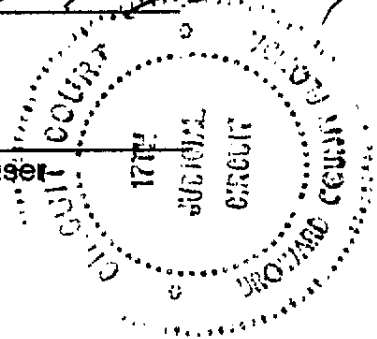
STATE OF FLORIDA  
BROWARD COUNTY  
I DO HEREBY CERTIFY the within and foregoing is a true  
and correct copy of the original as it appears on record  
and file in the office of the Circuit Court Clerk of Broward  
County, Florida, and that same is in full force and effect.  
WITNESS my hand and the Seal of said Court in Broward  
County, Florida, this the 15th day of September, 2004

  
Howard C. Forman

Deputy Clerk

Upon entry to a state deposit box, an inventory of the contents must be made in the presence of a bank employee witnessed, and filed with the court.

04 SEP 17 11:42 AM  
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04 SEP 18 11:21  
CLERK OF COURT  
BROWARD COUNTY, FLORIDA



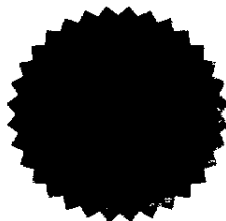
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL AEROFLEET, 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 TWELFTH DAY OF OCTOBER, A.D. 2004.

FILED  
04 OCT 18 PM 3:21  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3406168

DATE: 10-12-04