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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

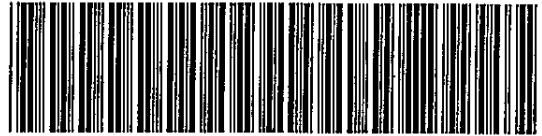
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PDMA II AVIATION, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOUIS M. MEINERS, JR.
(Name of Person)

ADVOCATE CONSULTING
(Firm/Company)

9229 DELEGATES ROW, SUITE 245
(Address)

INDIANAPOLIS, IN 46240
(City/State and Zip code)

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For further information concerning this matter, please call:

YOLANDA ROBINSON at (317) 581-4077
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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

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. PDMA II AVIATION, 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. 20-1704028

(FEI number, if applicable)

4. OCTOBER 5, 2004

(Date of incorporation)

5. PERPETUAL

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

6. OCTOBER 15, 2004

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9229 DELEGATES ROW, SUITE 240, INDIANAPOLIS, IN 46240

(Principal office address)

9229 DELEGATES ROW, SUITE 240, INDIANAPOLIS, IN 46240

(Current mailing address)

8. EQUIPMENT LEASING

(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: LOUIS M. MEINERS, JR.

Office Address: 200 AVIATION DRIVE, SUITE 2

NAPLE

(City)

, Florida 34104

(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.

Louis M. Meiners, Jr.
(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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: TIMOTHY L. WAGNER

Address: 9229 DELEGATES ROW, SUITE 240

INDIANAPOLIS, IN 46240

Director: _____

Address: _____

B. OFFICERS

President: TIMOTHY L. WAGNER

Address: 9229 DELEGATES ROW, SUITE 240

INDIANAPOLIS, IN 46240

Vice President: _____

Address: _____

Secretary: TIMOTHY L. WAGNER

Address: 9229 DELEGATES ROW, SUITE 240, INDIANAPOLIS, IN 46240

Treasurer: TIMOTHY L. WAGNER

Address: 9229 DELEGATES ROW, SUITE 240, INDIANAPOLIS, IN 46240

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

13. *Timothy L. Wagner*
(Signature of Director or Officer listed in number 12 of the application)

14. TIMOTHY L. WAGNER, PRESIDENT
(Typed or printed name and capacity of person signing application)

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Delaware

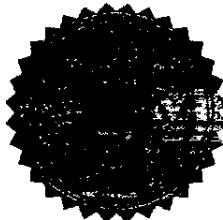
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PDMA II AVIATION, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PDMA II AVIATION, INC." WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, A.D. 2004.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3412783

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DATE: 10-15-04