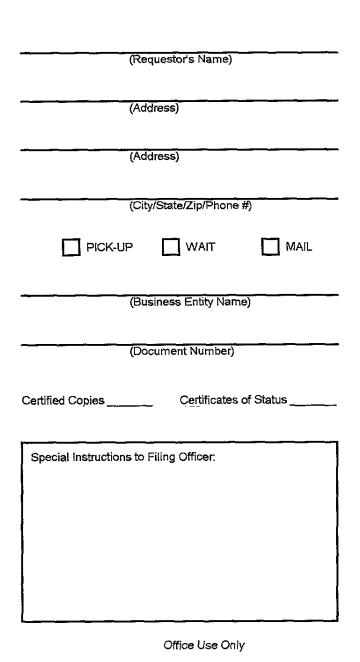
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TRANSMITTAL LETTER

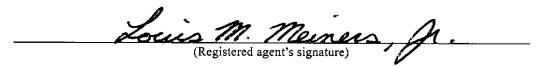
TO: Registration Section Division of Corporation					
SUBJECT: WAGNER AV	/IATION, INC.				
	(Name of c	corporation - must include suffi	x)		
Dear Sir or Madam:					
	', and check are submitted	for Authorization to Transact E to register the above reference			
Please return all correspo	ndence concerning this ma	atter to the following:			
LOUIS M. MEINERS	, JR				
	(Na	me of Person)			
ADVOCATE CONSULT	ING	<u></u>			
	(Fir	m/Company)	,		
9229 DELEGATES R	OW, SUITE 245	<u> </u>			
		(Address)			
INDIANAPOLIS, IN	46240	, p.em			
	(City/St	ate and Zip code)	OS JULI		
For further information c	oncerning this matter, plea	ase call:	22		
YOLANDA ROBINSON		at 317~581~4077	SEEL P. ITT		
(Name	of Person)	(Area Code & Daytin	me 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	ne following amount:				
\$70.00 Filing Fee	X \$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. WAGNER 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) (FEI number, if applicable)
4. JULY 8, 2005 5, PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JULY 8, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2222 KINGFISH ROAD, NAPLES, FL 34102
(Principal office address)
2222 KINGFISH ROAD, NAPLES, FL 34102
(Current mailing address)
(Current mailing address) 8. EQUIPMENT LEASING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
DE 10
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: LOUIS M. MEINERS, JR.
2640 GOY DEN CAME DADVITAN ON
Office Address: 2640 GOLDEN GATE PARKWAY, SUITE 205
NAPLES ,Florida 34105
(City) (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.



- 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. DIRE	RECTORS	-		
Chairman	an:			
	s: `	i i n	· ·	•
			· · · · · · · · · · · · · · · · · · ·	
Vice Chai		,		र सम्बद्धाः । इ
	s:			
Director:	r: TIMOTHY L. WAGNER			· · ·
Address:	s: 2222 KINGFISH ROAD			
	NAPLES, FL 34102			
Director:				· · · · · · · · · · · · · · · · · · ·
	s:		- 0	
			FO	
B. OFFI	FICERS	er Villa i i	HASSE HASSE	and the same of th
President:	nt: TIMOTHY L. WAGNER			
Address:	s: 2222 KINGFISH ROAD		108 F	<u> </u>
	NAPLES, FL 34102	<u></u>		
Vice Presi	esident:			
Address:	s:			
		<u> </u>	·	· · · · · · · · · · · · · · · · · · ·
Secretary:	ry: TIMOTHY L. WAGNER			——————————————————————————————————————
Address:	s: 2222 KINGFISH ROAD, NAPLES, FL 34102		·	
	er: TIMOTHY L. WAGNER	• • • • • • • • • • • • • • • • • • • •		
Address:	s: 2222 KINGFISH ROAD, NAPLES, FL 34102	5 · · · · · · · · · · · · · · · · · · ·	·	
NOTE: If	: If necessary, you may attach an addendum to the application listing add	litional officers and/	or directors.	a*
13	(Signature of Director or Officer listed in num	ber 12 of the applica	ation)	
14. <u>TIM</u>	MOTHY L. WAGNER, PRESIDENT (Typed or printed name and capacity of persons)			
	(Typed of printed name and capacity of pers	or signing abburgu	··· <i>)</i>	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAGNER 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 EIGHTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAGNER AVIATION, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2005.





Warriet Smith Hindson

AUTHENTICATION: 4008909

DATE: 07-08-05