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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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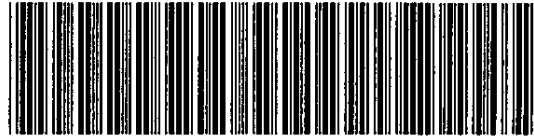
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

1126

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Patty Wagstaff Air Shows, 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:

Patty Wagstaff
(Name of Person)
Patty Wagstaff Air Shows, Inc.
(Firm/Company)
3501-B N. Ponce De Leon Blvd. #397
(Address)
St. Augustine, FL 32084
(City/State and Zip code)

For further information concerning this matter, please call:

Patty Wagstaff at (904) 806-5778
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Patty Wagstaff Air Shows, 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. Alaska 3. 92-0104019
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/27/1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 04/27/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3501-B N. Ponce De Leon Blvd, #397, St. Augustine, FL 32084
(Principal office address)

Same As Above
(Current mailing address)

8. Air shows
(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: W. Henry O'Connell

Office Address: 2200 N. Ponce De Leon Blvd, #10
St. Augustine, FL, Florida 32084
(City) (Zip code)

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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:

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A. DIRECTORS

Chairman: _____

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Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Patty Wagstaff

Address: _____

3501-B N. Ponce De Leon Blvd, #397
St. Augustine, FL 32084

Director: _____

Address: _____

B. OFFICERS

President: _____

Patty Wagstaff

Address: _____

3501-B N. Ponce De Leon Blvd, #397
St. Augustine, FL 32084

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. _____

Patty Wagstaff

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

14. _____

Patty Wagstaff, President

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

Alaska Entity # 33739D

State of Alaska
Department of Commerce, Community, and Economic
Development

CERTIFICATE
OF
GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state hereby certifies that

PATTY WAGSTAFF AIR SHOWS, INC.

on the 27th day of August, 1984 filed in this office its Articles of Incorporation, as a Business Corporation organized under the laws of this state.

I FURTHER CERTIFY that said Business Corporation is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 5th day of June, 2006.

William C. Noll

William C. Noll
Commissioner

Certification Number: 122381-1

Verify this certificate online at <https://myalaska.state.ak.us/business/soskb/verify.asp>

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