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(Requestor's Name)

(Address)

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[Signature] 1/20/07

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TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: OVAIR FREIGHT SERVICE 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:

JOHN LEUNG

(Name of Person)

OVAIR FREIGHT SERVICE INC.

(Firm/Company)

530 BURNSIDE AVENUE

(Address)

INWOOD, N.Y. 11096

(City/State and Zip code)

For further information concerning this matter, please call:

JOHN LEUNG

(Name of Person)

at (516) 239-7120 ext. 208

(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. OVAIR FREIGHT SERVICE INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

OVAIR FREIGHT SERVICES, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NEW YORK** 3. **11-2428850**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **12-08-1976** 5. **PERPETUAL**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **FEBRUARY 1, 2007**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **530 BURNSIDE AVENUE, INWOOD, N.Y. 11096**
(Principal office address)
530 BURNSIDE AVENUE, INWOOD, N.Y. 11096
(Current mailing address)

8. **-TO PROVIDE FREIGHT FORWARDING AND U.S. CUSTOMHOUSE BROKERAGE SERVICE.**
(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)

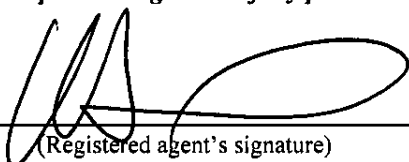
Name: **MARISELA M. DESIMONI**

Office Address: **1336 PLUMOSA WAY**

WESTON, Florida **33327**
(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.


(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: **FRED BRUZZONE**

Address: **530 BURNSIDE AVENUE**
INWOOD, N.Y. 11096

Vice Chairman: _____

Address: _____

Director: **VICTOR BRUZZONE**

Address: **530 BURNSIDE AVENUE**
INWOOD, N.Y. 11096

Director: _____

Address: _____

B. OFFICERS

President: **FRED BRUZZONE**

Address: **530 BURNSIDE AVENUE**
INWOOD, N.Y. 11096

Vice President: **CARLO BRUZZONE**

Address: **530 BURNSIDE AVENUE**
INWOOD, N.Y. 11096

Secretary: **VICTOR BRUZZONE**

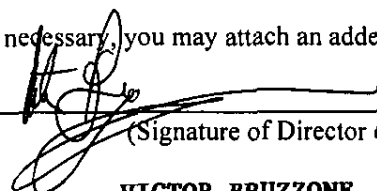
Address: **530 BURNSIDE AVENUE, INWOOD, N.Y. 11096**

Treasurer: **FRED BRUZZONE**

Address: **530 BURNSIDE AVENUE, N.Y. 11096**

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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. **VICTOR BRUZZONE, SECRETARY** _____
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of OVAIR FREIGHT SERVICE INC. was filed on 12/08/1976, under the name of BRUZZONE SHIPPING INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment BRUZZONE SHIPPING INC., changing its name to OVAIR FREIGHT SERVICE INC., was filed 07/27/1977.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of January two
thousand and seven.*



Special Deputy Secretary of State

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