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| Special Instructions to | Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Air VICTORIA, 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: | | | | |
| EMIL PETROV | | | | |
| | | | | |
| (Name of Person) | | | | |
| Air Victoria INC. | | | | |
| (Firm/Company) | | | | |
| 2662 MCMULLEN BOOTH RD, APT, 4211 CLEARWATER, FL 33761 (City/State and 7 in code) | | | | |
| (Address) | | | | |
| CLEARWATER FL 33761 | | | | |
| (City/State and Zip code) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| H | | | | |
| EMIL PETROV at (727) 953-3743 (Area Code & Daytime Telephone Number) | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| | | | | |
| | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | |
| New Filing Section New Filing Section | | | | |
| Division of Corporations Division of Corporations | | | | |
| Clifton Building P.O. Box 6327 | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy | | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2008

EMIL PETROV 2662 MCMULLEN BOOTH RD APT 4211 CLEARWATER, FL 33761

SUBJECT: AIR VICTORIA INC. Ref. Number: W08000022298

We have received your document for AIR VICTORIA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 308A00027925

Tim Burch Regulatory Specialist II

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| 1. At | REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA R Victoria, Tyc. orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," | | <u> </u> | |
|---|---|-------------------|----------|------------|
| "Inc.," "Co.," "C | orp," "Inc," "Co," or "Corp.") | | | |
| (If name unavail | able in Florida, enter alternate corporate name adopted for the purpose of transacting busine LLINOIS under the law of which it is incorporated) 3. 36-4061179 (FEI number, if applicable) | ss in Florida |) | |
| (State or country | under the law of which it is incorporated) (FEI number, if applicable) 708 / 1995 5. PERPETUAL | | - | |
| (Date | of incorporation) (Duration: Year corp. will cease to exist or 04/15/2008 | "perpetual") | - | |
| " | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | | - | C . |
| , <u>2662</u> | MCMULIEN BOOTH RD. #4211 CLEP (Principal office address) | tRWA | TER_ | , F-L |
| | (Current mailing address) | | _ | |
| · | RUCKING | | ~~· | |
| | et address of Florida registered agent: (P.O. Box NOT acceptable) | SECRES TALLAHA |)8 ዛለሃ 2 | -G. |
| Name: Office Address: | EMIL PETROV 2662 MCMULLEN BOOTHRO.#4211 | SEE H | (ت | |
| | CLEARWATER Florida 3376 (City) (Zip code) | STATE | | |
| Having been nam lesignated in this further agree to c | gent's acceptance: ed as registered agent and to accept service of process for the above stated corpora application, I hereby accept the appointment as registered agent and agree to act omply with the provisions of all statutes relative to the proper and complete perfora with and accept the obligations of my position as registered agent. | in this capa | acity. I | s, |

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ MCMULIEN BOOTH RD. #4211 Address: Vice Chairman: ___ Address: _____ Director: __ Address: ____ Director: __ Address: **B. OFFICERS** President: Vice President: Address: __ Secretary: __ Address: _ Treasurer: Address: NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

PETROV, Chairman

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

File Number

5861-481-5





I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

AIR VICTORIA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 07, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0814201678

Authenticate at: http://www.cyberdriveillinois.com

the State of Illinois, this day of MAY

my hand and cause to be affixed the Great Seal of 21**S**T 2008

In Testimony Whereof, I hereto set

SECRETARY OF STATE