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| Certified Copies                        | Certificates of S | tatus |
| Special Instructions to Filing Officer: |                   |       |
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## CORPORATE ACCESS, INC.

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|                        | Y          | FILING             | Inc              |      |  |
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| 1.                     | <u></u> (C | CORPORATE NAME AND | angement Company |      |  |
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| 6.                     | ·<br>(C    | ORPORATE NAME AND  | DOCUMENT #)      |      |  |
| SPI                    | CIAL II    | NSTRUCTIONS:       |                  |      |  |
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# 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.   |
|---|
| I AIRCAP MANAGEMENT COMPANY INC.  |
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")  |
| The P   |
| 70, 6   |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)   |
| 2. UCLAWARC 3. (FEI number, if applicable)  |
| SEPTEMBER 14 1993 5 PERDETUAL   |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")   |
| 6   |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  |
| 7 1715 MAYO STREET HOLLYWOOD FLORIDA 33020  |
| (Principal office address)  1715 MAYO STREET HOLYWOOD FWRINA 33020  |
| (Current mailing address)   |
| 8. AIR TRANSPORTATION   |
| (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: HARRY TRAUFFER  |
| Office Address: 1715 NAYO ST  |
| HOLLYWOOD, Florida FLORIDA 33020  |
| (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.                                |
| $\mathcal{M} \longrightarrow \mathcal{M}$   |
| HON I LIAN GOD  |
| (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:

# A. DIRECTORS Chairman: \_ Address: \_\_\_\_\_ Vice Chairman: Address: \_\_\_\_\_ Director: \_\_\_ Address: \_\_\_ Director: Address: \_\_\_ **B. OFFICERS** President: HARRY Address: \_\_\_\_ Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRCAP MANAGEMENT COMPANY" 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 JANUARY, A.D. 2009.

AUTHENTICATION: 7084905

DATE: 01-15-09

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