0000035

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| . (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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RECEIVED

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FLORIDA DEPARTMENT OF STATE IVISION OF CORPORATION Division of Corporations

August 5, 2009

CARLOS E. BELLO 6480 MACKENZIE STREET ORLANDO, FL 32807

SUBJECT: EASY AIR INC Ref. Number: W09000035540

We have received your document for EASY AIR INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation on the application #4 must match the date listed on the certificate of existence.

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) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 609A00026804

Disting Commenting DO DOV COOR Mellelances Florida 9991

COVER LETTER

| TO: | New Filing Section Division of Corporations | | | | |
|---------|---|--|--|--|--|
| SUBJ | ECT: EASY AIR INCORPO | RATED | | | |
| 0020 | | ration - must include suffix | | | |
| Dear S | ir or Madam: | | | | |
| "Certif | | n for Authorization to Transact Business in Florida," I Standing and check are submitted to register the above s in Florida. | | | |
| Please | return all correspondence concerning this t | natter to the following: | | | |
| | CARLO | OS E. BELLO | | | |
| | Nar | ne of Person | | | |
| | EASY AIR I | NCORPORATED | | | |
| | Firm | /Company | | | |
| | 6480 MACH | KENZIE STREET | | | |
| | | Address | | | |
| | ORLANDO, | FLORIDA 32807 | | | |
| | City/S | tate and Zip code | | | |
| | cbello31 | @hotmail.com | | | |
| | E-mail address: (to be | used for future annual report notification) | | | |
| For fur | ther information concerning this matter, plo | ease call: | | | |
| CARL | LOS E. BELLO at (| 97 ₎ 936-4184 | | | |
| | 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 | | | |
| Enclose | ed is a check for the following amount: | | | | |
| \$70 | 0.00 Filing Fee \$\ \tag{Certificate of Status} | \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Cop Certificate of Status & Certified Copy | | | |

APPLICATION BY EOREIGN 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. | RINCORPORATED | | |
|--|--|--|------------------------|
| (Enter name of co "Inc.," "Co.," "Co | orporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION," | , . |
| | | | |
| | | | 10°20 · |
| (If name unavaila | ble in Florida, enter alternate corporate name | adopted for the purpose of transacting busing | ness in Florida |
| 2. WYOMIN | IG 3. | 43-2097298 | |
| (State or country u | nder the law of which it is incorporated) | (FEI number, if applicable |) 7= |
| 4. MARCH | 3, 2006 5. | PERPETUAL | <u>;</u> |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist | or "perpetual") |
| 6. UPON AF | PPROVED QUALIFICATIONS | | |
| | | n Florida, if prior to registration) 602, F.S., to determine penalty liability) | 9 SEP |
| 76480 MAG | CKENZIE STREET, ORLANDO, FL | | 5 N |
| | (Principal office addi | ress) | E PM |
| | SAME (Current mailing add | | 1 |
| (Purpose(s) | LL ACTS AND CARRY ON ALL Boof corporation authorized in home state or co | untry to be carried out in state of Florida) | HE LAW |
| 9. Name and street | address of Florida registered agent: (P.O | b. Box <u>NOT</u> acceptable) | |
| Name: | CARLOS E. BELLO | <u></u> | |
| Office Address: | 6480 MACKENZIE STREET | | |
| | ORLANDO | , Florida 32807 | |
| | (City) | (Zip code) | |
| designated in this a further agree to col | d as registered agent and to accept service ipplication, I hereby accept the appointmost with the provisions of all statutes revith and accept the obligations of my postules. | ent as registered agent and agree to a clative to the proper and complete perfe | ct in this capacity. I |
| | (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: ___CARLOS E. BELLO Address: ____6480 MACKENZIE STREET ORLANDO, FLORIDA 32807 Vice Chairman: Address: _____ Director: _ Address: __ Director: _ **B. OFFICERS** President: CARLOS E. BELLO Address: ____6480 MACKENZIE STREET ORLANDO, FLORIDA 32807 Vice President: Address: __ Secretary: _ 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) CARLOS E. BELLO

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

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

09 SEP -2 PM 2: 38
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Easy Air Incorporated. is a Profit Corporation

formed or qualified under the laws of Wyoming did on **March 3, 2006**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2006-000508984**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of July, 2009 at 9:37 AM.



Max Massiello
Secretary of State

By Losalie Conzalio