Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000254243 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	<u> </u>	yulista. Com
-------	----------	----------	--------------

FOREIGN PROFIT/NONPROFIT CORPORATION

Yulista Aviation, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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.

	n, Inc.			
(Enter name of e	corporation; must include "INCORPORAT! "orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
(If name unavai	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busine	rss in Florida)
Alaska		3.		
State or country	under the law of which it is incorporated)	,	(PEI number, if applicable)	
11/20/1995		5.	perpetual	
(Date	of incorporation)	•	(Duration: Year corp. will cease to exist or	"perpetual")
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60	86 in 7.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
613 Brayton Dr	ive, Suite C, Anchorage, AK - 99507			
	(Principal office a	addr	css)	
6613 Brayton Di	rive, Suite C, Anchorage, AK - 99507			
	(Current mailing	addr	ess)	
(Purpose(s) of corporation authorized in home state or		•	15 00 15 00
(Purpose(•	SEPALAN TALLAN
Name and stree	e) of corporation authorized in home state of address of Florida registered agent: (•	SECULA IN SECULATION OF THE PROPERTY OF THE PR
(Purpose(n Name and stress Name:	e) of corporation authorized in home state of address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road	P.O	Box NOT acceptable)	SECRETARIASSEE.
(Purpose(Name and stres Name:	e) of corporation authorized in home state of address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road	P.O	Box <u>NOT</u> acceptable)	TALLAHASSEE. FLO
(Purpose) Name and stree Name: fice Address: Registered as sving been name signated in this rther agree to c	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept see application, I hereby accept the appointments of all statutes	P.O	Box NOT acceptable) , Florida33324 (Zip code) te of process for the above stated corporent as registered agent and agree to actelutive to the proper and complete performance.	in this capac
(Purpose) Name and stree Name: fice Address: Registered as wing been name ignated in this ther agree to c	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept we application, I hereby accept the appointment of all statutes with and accept the obligations of my	P.O	Box NOT acceptable) , Florida33324 (Zip code) te of process for the above stated corporent as registered agent and agree to actelutive to the proper and complete performance.	in this capac
(Purpose) Name and stree Name: fice Address: Registered as sying been name signated in this other agree to compare to com	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept we application, I hereby accept the appoil omply with the provisions of all statutes with and accept the obligations of my C T Corporation System	P.O interior	Box NOT acceptable) , Florida33324 (Zip code) te of process for the above stated corporent as registered agent and agree to actelutive to the proper and complete performance.	in this capac rmance of my

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.

FILED

12. Names and business addresses of officers and/or directors: 09 DEC -8 AM ID: 25 A. DIRECTORS SEURE IARY OF STATE TALLAHASSEE. FLORIDA Chairman: Margaret Polijola Address: 301 Calista Court, Suite A, Anchorage, Alaska 99518 Vice Chairman: JoAnn J. Weming Address: 301 Calista Court, Suite A, Anchorage, Alaska 99518 Director: Director: Address: B. OFFICERS Procident: Darrell L. Harrison Address: 4906 Research Drive, Huntsville, Alabama 35805 Vice President: Address: ___ Secretary: Willie Kasayulic Address: 301 Calista Court, Suite A, Anchorage, Alaska 99518 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)

14. Darrell L. Harrison, President

Alaska Entity # 57093D

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

YULISTA AVIATION, INC.

on the 20th day of November, 1995 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 7th day of December, 2009.

frais note

Emil Notti Commissioner

Certification Number: 362417-1

Verify this pertificate online at https://myalnska.state.ak.us/business/soskb/verify.asp