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Certified Copy

TO: New Filing Section Division of Corporations				2010 MAY -6 P 1: (
SUBJECT: 4 HiKA	ai Elu	all luca		COSTANY DE SEVE	
Nan	ne of corpora	ntion - must includ	e suffix	- FLORI	
Dear Sir or Madam:	·				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good S	Standing" and che			
Please return all correspondence conce	rning this ma	atter to the follow	ing:		
EILEN	REHR				
	Name				
BriscePa	int,	INE'L ,	LC		
	Firm/0	Company			
P.O. Box					
	A	ddress			
OPLAND	PARK,	16 60	462		
	City/Ott	ne una zip code			
REhr 130 @ E-mail addr	wow	way · C	om	ta .	
E-mail addr	ess: (to be us	sed for future annu	ual report n	otification)	
For further information concerning this	s matter, plea	ase call:		•	
EllEN REHA	at ()	8 507	- 219	9	
EUEN REHR. Name of Person	_ at (<u></u> A	rea Code & Dayti	me Telepho	one Number	
STREET/COURIER ADDRESS: New Filing Section		MAILING ADDRESS: New Filing Section			
Division of Corporations		Division of Corporations			
Clifton Building), Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301		Tai	lahassee, F	L 32314	
Enclosed is a check for the following a	mount:				
\$70.00 Filing Fee \$78.75 Fi	ling Fee &	□ \$78.75 Filir	na Fee &	□ \$87.50 Filing Fee,	
	te of Status	Certified Co	~	Certificate of Status &	

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 HIKARI Flight, INC. 2010 HAY-6 P 1:01
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," TANY OF SEARCE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. 16 State or country under the law of which it is incorporated) 3. 36-4480245 (FEI number, if applicable)
_
4. 11-2-2001 5. Per Pe Lua (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1016 Collier Ctr. Way #305, NAPIES, FL 3411C
P.O. BOX 2218, ORLAND PARK, IL 60462 (Current mailing address)
8. To Conduct Memt-Consulting business (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: Brian Ozley
Office Address: 10/6 Collier Center Way, #305
MAPIES, Florida 34110 (City) (Zip code)
(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.
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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: 2010 HAY -6 P 1: 01 Address: ______ BECHE MARY OF SEMENT MALAHARSEE, FLORIDA Vice Chairman: Address: Director: Address: _______ Director: **B. OFFICERS** President: 13rian D. Oxley Address: 4151 Gulf Shore BIVD N. #1801 NAPIES, FloriDA 34103 Vice President: Address: _____ Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

(Signature of Director or Officer listed in number 12 of the application)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE 6 P | 0 |

CICLETARY OF SPIRE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

- 1. The name of the corporation is: Hikari Flight, Incorporated
- 2. The name and address of the registered agent and office is:

Brian D.Oxley 1016 Collier Center Way #205 Naples, Florida 34110

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Brian D. Oxley

File Number

6187-572-7



To all to whom these Presents Shall Come, Greeting:

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

HIKARI FLIGHT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 02, 2001, 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 #: 1010901676

Authentication #: 1010901676

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

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of APRIL

A.D.

2010

Desse White

SECRETARY OF STATE