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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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**EXAMINER** 



1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

August 19, 2010

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 10 NUS 19 PM W 25

Re: Order #: 7912935 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Pan Am Aero, Inc. (DE)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

August 19, 2010

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 TO AUG 19 PA W 25

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Christina.McNeair@wolterskluwer.com

#### **COVER LETTER**

TO: **New Filing Section** Division of Corporations SUBJECT: Pan Am Acro, 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," or "Certificate of Good Standing" 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: Vito Cutrone Name of Person Pan Am Aero, Inc. Firm/Company 5000 N.W. 36th Street Address Miami, FI 33122 City/State and Zip code vcutrone@panamacademy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 874-6500

Area Code & Daytime Telephone Number Vito Cutrone Name of Person 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Pan Am Acro, I	ic.			7
(Enter name of c	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	ORPORATED," "(	COMPANY," "CORPORATION,"	orida)
	4 - 44 - 4			
/If name unavails	ahle in Florida enter alternate c	ornorate name ado	pted for the purpose of transacting business in FI	orida)
	tole in Fronta, enter attende o			,
Delaware	under the law of which it is inco	3	(FEI number, if applicable)	<del></del>
	under the law of which it is not			
July 31, 2010	of incorporation)		rpetual  Duration: Year corp, will cease to exist or "perpe	tual")
(Date	of incorporation)	(2	ration. Teas corp. will cease to exist or perpe	
	(Data first transa	oted business in El	orida, if prior to registration)	
			F.S., to determine penalty liability)	
5000 N.W. 36th 8	Street, Miami FL 33122			
	(Princ	ipal office address	)	
<del></del>	(Curre	ent mailing address		
Any lawful busin				
(Purpose(s	) of corporation authorized in h	ome state or count	ry to be carried out in state of Florida)	
Name and street	<u>et address</u> of Florida registere	d agent: (P.O. B	ox NOT acceptable)	
Name:	C T Corporation System			
·		-	_	
	1200 South Pine Island Road		_	
ffice Address:			_ , Florida 33324	
ffice Address:	Plantation			
ffice Address:	Plantation (City)		(Zip code)	
	(City)		(Zip code)	
. Registered ag	(City) gent's acceptance: ed as registered agent and to	) accept service (	(Zip code)  of process for the above stated corporation a	ıt the pla
. Registered agaving been nam signated in this	(City) gent's acceptance: ed as registered agent and to application, I hereby accept	the appointmen	(Zip code)  of process for the above stated corporation a t as registered agent and agree to act in this	: capacit
). Registered ag aving been nam signated in this rther agree to co	(City) gent's acceptance: ed as registered agent and to application, I hereby accept omply with the provisions of	the appointmen all statutes relai	(Zip code)  of process for the above stated corporation a  t as registered agent and agree to act in this  live to the proper and complete performance	: capacit
). Registered ag aving been nam signated in this rther agree to co	(City) gent's acceptance: ed as registered agent and to application, I hereby accept omply with the provisions of with and accept the obligate	the appointmen all statutes relai	(Zip code)  of process for the above stated corporation at tas registered agent and agree to act in this live to the proper and complete performance on as registered agent.	: capacit
). Registered ag aving been nam signated in this rther agree to co	(City) gent's acceptance: ed as registered agent and to application, I hereby accept omply with the provisions of	the appointmen all statutes relai	(Zip code) of process for the above stated corporation at as registered agent and agree to act in this live to the proper and complete performance on as registered agent. Chris McNeoir	: capacit
laving been name esignated in this orther agree to c	(City) gent's acceptance: ed as registered agent and to application, I hereby accept omply with the provisions of with and accept the obligate	the appointmen all statutes relations of my position	(Zip code)  of process for the above stated corporation at tas registered agent and agree to act in this live to the proper and complete performance on as registered agent.	: capacit

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	
Chainnan:	
Address:	
Vice Chairman:	
Address:	
Director: Vito Cutrone, Eric Freeman, Myung Yi, Richard Schreiber, Andrew Flesch, Selim Bassoul	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Vito Cutrone	
Address: 5000 N.W. 36th Street, Miami FL 33122	
Vice President:	
Address:	
Secretary: Tony Obrzut	
Address: 5000 N.W. 36th Street, Miami FL 33122	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an authendum to the application listing additional officers and/or directors.	
13	
(Signature of Director or Officer listed in number 12 of the application)	
14. Vito Cutrone	_
(Typed or printed name and capacity of person signing application)	

# Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAN AM AERO, INC." 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 THIRTEENTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4854667 8300

100828238

jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8172100

DATE: 08-13-10

You may verify this certificate onling at corn delegate poy/authors show!

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