F.1200000576

| (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: |
| AUTHORIZATION BY PHONE TO CORRECT OLD SOFFIX |
| DATE SOO, EXAM |

Office Use Only



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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

WHZ-7382

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: AIRMOTO | LTD |
| Name of corporatio | n - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin | nding" and check are submitted to register the |
| Please return all correspondence concerning this matter | |
| JOHN ROURKE | |
| Name of | Person |
| Firm/Co | mnany |
| | |
| Add | ress |
| LUTZ FLORIDA 3 | 23559 and Zip code |
| City/State | and Zip code |
| JOHN & AIRMOTOLTI E-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please | |
| Name of Person Area | Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Tallahassee, FL 32301 Enclosed is a check for the following amount: | |
| Enclosed is a check for the following amount: | |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Sertified Copy Certificate of Status & Certified Copy |

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. | |
|--|---------------------|
| L AIRMOTO LTD CORP | _ |
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," | • |
| "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. DELAWARE 3. 38-3864181 | |
| 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) | • |
| 4. 01-03-2012 5. PERPETUAL | |
| (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. 4647 BIRDSONG BLUD., LUTZ FL 33559 | |
| (Principal office address) | - |
| 4647 BIRDSONG BLUD LUTZ FL 33559 | _ |
| (Current mailing address) | |
| 8. AIRCRAFT SALES (USED) | |
| (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) | Ο. |
| 9. Name and street address of Florida registered agent. (F.O. Box NOT acceptable) | SE |
| Name: JOHN KOURILE | 물었. |
| Office Address: 4647 BIRDSONG BLUD. | 유지구 |
| / a | |
| $\frac{\cancel{City}}{\text{(City)}}, \text{Florida} \underbrace{\cancel{33\cancel{54}}}_{\text{(Zip code)}}$ | ASTS STS |
| Un To Tall And | 3101 |
| 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 capa | city. I |
| further agree to comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent. | y auties |
| | |
| | |
| | |
| Registered agent's signature) | |
| 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicate the Department of State, by the Secretary of State or other official having custody of corporate records in the juriscent of the secretary of State or other official having custody of corporate records in the juriscent of the secretary of State or other official having custody of corporate records in the juriscent of the secretary of this application. | ition to diction |

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: KOURK E Director: _ Address: _ **B. OFFICERS** President: Vice President: Address: Secretary: _ Address: __ Treasurer: Address: _____ NOTE: If necessary, you may attach an addengtion to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that be or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRMOTO LTD" 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2012.

DIVISION OF CORPORATIONS



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AUTHENTICATION: 9315266

DATE: 01-24-12