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.

(((H13000013355 3)))



H130000133553ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

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:	 _	 _	 	

### FOREIGN PROFIT/NONPROFIT CORPORATION T & M AVIATION, INC.

Certificate of Status	0
Certified Copy	Ö
Page Count	05
Estimated Charge	\$1,320.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

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#### COVER LETTER

TO: New Filing Sec Division of Co					
SUBJECT: T&MA	viation, Inc.	•			
50-2030-E1	Name of corpora	ation - must include suffix			
Dear Sir or Madam:					
"Certificate of Existent		for Authorization to Transact Business in Floric Standing" and check are submitted to register thusiness in Florida.			
Please return all corresp	pondence concerning this m	natter to the following:			
Thomas Wolf					
	Nanu	e of Person	<del></del>		
T & M Aviation, Inc.					
	Firm/	Company			
9 Jimmy Vorhoff Drive					
	A	ddress			
Abbeville, LA 70510					
	-	ate and Zip code			
christinemire@yalioo.com		sed for future annual report actification)			
For further information	concerning this matter, plan				
Micah Vidrine	· · · · · · · · · · · · · · · · · · ·				
Name of Perso	n at (	232-3637 rea Codo & Daytime Telephone Number			
STREET/COUNTY New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	MAMJING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for	the following amount:	,			
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy  S78.75 Filing Fee & S87.50 Filing Certified Copy  Certified Cop	Stamp &		

PLUIS - HITSPRIZ WORRY Klower College

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESȘ ÎN 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.

(Enter name of c	orporation; must include "YNCORPORATEI orp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)	*
Louisiana		3. 72-1430418	·
State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
11/6/1998		5, perpetual	_
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
11/1/2008			_
· · · · · · · · · · · · · · · · · · ·		s in Florida, if prior to registration)	-
	T	.1502, F.S., to determine penalty liability)	
Jiminy Vornoii	Drive, Abbeville, LA 70510		-
PANET	(Principal office ac	adress;	
SAME	(Current melling a	Admen	-
	(Chilon thenus m	1000) -	
ecrial spraying		· .	
(Purpose(:	) of corporation authorized in home state or	country to be carried out in state of Florida)	八百
Name and error	at address of Florida registered agent: (I	P.O. Box NOT acceptable)	
1481110 GILLI GAG	CT Corporation System		
Name:	O I Corporation against		
, . 41,1124	1200 South Pine Island Road		18 P. 10 P.
			-11
fice Address:	Plantation	_, , 33324	-01 V
	Plantation (City)	Florida 33324 (Zip code)	100 K

further agree to comply with the provisious of all statutes relative to the proper and complete performance of my duties, and I um familiar with and accept the obligations of my position as registered agent.

> <u>Jayna Nickeli</u> Registered agent's signature) Asst. Secretary

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.

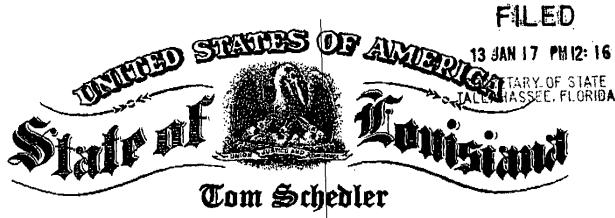
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## 13 JAN 17 PH 12: 16

12. Names and business addresses of officers and/or directors:	13 9AN 17 (FB 12- )
A. DIRECTORS	SECRETARY OF STAT
Chairman:	
Address:	
Vice Cheirman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Thomas Wolf	
Address: 9 Jimmy Vorhoff Drive	
Abbeville, LA 70510	
Vice President:	
Address:	
Scoretary:	
Address: 9 Jimmy Varhoff Drive, Abbeville, LA 70510	
Treasurer: Rogald Wolf	
Address: 9 Jimmy Vorhoff Drive, Abbeville, LA 70510	
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
Signature of Sirector or Officer The officer or director signing this document (and who is listed in number 12 at are true and that he or she is aware that false information submitted in a docum a third degree felony as provided for in s.817.155, F.S.	bove) affirms that the facts stated herein eat to the Department of State constitutes
14. Thomas Wolf, President Thomas RUDH	
(Typed or crinted name and capacity of narrow signing	*collection)

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SECRETARY OF STATE

As Suretary of State of the State of Louisiana I do horeby Cortify that

T & M AVIATION, INC.

A corporation domiciled in ABBEVILLE, LOUISIANAL

Filed charter and qualified to do business in this State on November 06, 1998,

I further certify that the records of this Office Indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State,

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Gradien al Gal

January 14, 2013

Web 347052470

Certificate ID: 10342362#M7D62

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation. then follow the instructions displayed.

www.sos.louistana.gov

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