# F130000003372

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only

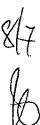


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SECHETARY OF STATE DIVISION OF CORPORATIONS



# **COVER LETTER**

|   | Filing Sections |  |            |                                     |   |
|---|-----------------|--|------------|-------------------------------------|---|
| SUBJECT   | . Ocear         | Air Transpo  | ortatio    | n, Inc                              |   |
| SCHOLCI   | •               |  |            | - must include suffix               |   |
| Dear Sir or l   | Madam:          |  |            |                                     |   |
| "Certificate  | of Existence,   |  | ood Stan   | ding" and check are sub             | ct Business in Florida,"<br>omitted to register the |
| _   | n all correspo  | ndence concerning t  | nis matter | to the following:                   |   |
|   |                 | 1  | Name of I  | Person                              |   |
| Ocean   | Air Trar        | sportation,  | Inc        |                                     |   |
|   |                 |  | irm/Com    | pany                                |   |
| 310 No  | orth Stre       | et   |            |                                     |   |
| Windso  | or Locks        | , CT 06096   | Addre      | ss                                  |   |
|   |                 | Cit  | y/State ar | nd Zip code                         |   |
| dkintop   | @oatinc.        |  |            |                                     |   |
| For further i   | nformation co   | E-mail address: (to oncerning this matter  |            | or future annual report i           | notification)                                       |
| Donna   | Kintop          | a+ /   | 860-       | , 623-5103                          |   |
|   | me of Person    | at (_  |            | Code & Daytime Teleph               | one Number  |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |            |                                     |   |
| Enclosed is   | a check for th  | e following amount:  |            |                                     |   |
| □ \$70.00 F   | iling Fee       | ■ \$78.75 Filing Fee<br>Certificate of Sta   |            | \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, 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.

|  | orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")                              | D,"                 | "COMPANY," "CORPORATION,"  |                   |
|--|---|---------------------|--|-------------------|
| Connection (State or country to March 1, | cut under the law of which it is incorporated)  | 3. <sub>-</sub>     | dopted for the purpose of transacting business in Flor  06-1159170  (FEI number, if applicable)  perpetual  (Duration: Year corp. will cease to exist or "perpetus") |                   |
| 310 NOR                                  |   | 1.150<br><b>L</b> ( |  |                   |
| P.O. BOX                                 | 415, WINDSOR LOCKS, (Current mailing a  | C                   | Γ06096   |                   |
| (Purpose(s)                              | T FORWARDING  of corporation authorized in home state or t address of Florida registered agent: ( | P.O                 | ·  | 13 <b>A</b> UG -9 |
| Name:<br>Office Address:                 | MICHAEL A CIPRESS  10275 COLLINS AVE STE  BAL HARBOUR  (City)                                     | -                   | 19<br>, Florida 33154<br>(Zip code)  | PH : 9: 5:0       |

#### 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.

(Registered agent's signature)

<sup>11.</sup> 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   |          |   |
| Chairman:  |          |   |
| Address:   |          |   |
|  |          |   |
| Vice Chairman:   |          |   |
| Address:   |          |   |
|  |          |   |
| Director:  |          |   |
| Address:   |          |   |
|  |          |   |
| Director:  |          |   |
| Address:   |          |   |
|  |          | <u> </u>  |
| B. OFFICERS  | 13       | SEC.  |
| President: MICHAEL A CIPRESSI  | - SUN    | <b>当</b> 治<br><del>- 宋</del> 京。   |
| Address: 20 WREN DRIVE   | 2        | 275   |
| SUFFIELD, CT 06096   | PH &     | - 100<br>- 100 |
| Vice President: DONNA KINTOP   | <u> </u> | ATE   |
| Address: 26 ROWLAND FARMS ROAD   |          | NS.   |
| OXFORD, CT 06478   |          |   |
| Secretary:   |          |   |
| Address:   | <u>-</u> |   |
| Treasurer:   |          |   |
| Address:   |          |   |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di  | rector   | s.  |
| 13. Signature of Director or Officer   |          |   |
| The officer or director signing this document (and who is listed in number 12 above) affirms that the fact are true and that he or she is aware that false information submitted in a document to the Department of S a third degree felony as provided for in s.817.155, F.S. |          |   |
| 14. MICHAEL A CIPRESSI / PRESIDENT   |          |   |
| · · · · · · · · · · · · · · · · · · ·  |          |   |

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

#### OCEAN AIR TRANSPORTATION, INC.

a domestic STOCK corporation, was filed in this office on January 14, 1986, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

in Menk

Date Issued: August 01, 2013

SEURE IGNY OF STATE DIVISION OF CORPORATIONS

Business ID: 0178799 Express Certificate Number: 2013225200001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov