

F14 00000/368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Handwritten signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KONA SPECIAL AIR, 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:

Roxanne Mankin Cason

Name of Person

Firm/Company

10201 Sable Palm Ave.

Address

Coral Gables, FL 33156

City/State and Zip code

roxanne@rmcason.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxanne Mankin Cason at (212) 956-1695

Name of Person

Area Code & Daytime Telephone 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 the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
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.*

1. **KONA SPECIAL AIR, INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **HAWAII**

(State or country under the law of which it is incorporated)

3. **57-1201794**

(FEI number, if applicable)

4. **March 8, 2004**

(Date of incorporation)

5. **Perpetual**

(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. **10201 Sable Palm Ave. Coral Gables, FL 33156**

(Principal office address)

10201 Sable Palm Ave. Coral Gables, FL 33156

(Current mailing address)

8. **Operation and maintenance of one aircraft (if acquired, none at present)**

(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: **Roxanne Mankin Cason**

Office Address: **10201 Sable Palm Ave.**

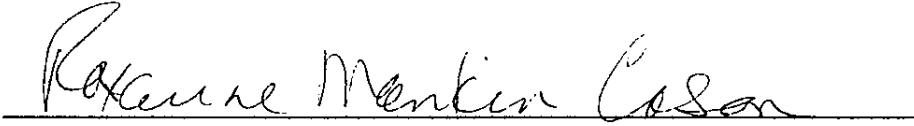
Coral Gables, Florida **33156**

(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.


(Registered agent's signature)

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

Chairman: Roxanne Mankin Cason

Address: 10201 Sable Palm Ave.

Coral Gables, FL 33156

Vice Chairman: _____

Address: _____

Director: Marsden Starbuck Cason

Address: 10201 Sable Palm Ave.

Coral Gables, FL 33156

Director: _____

Address: _____

B. OFFICERS

President: Roxanne Mankin Cason

Address: 10201 Sable Palm Ave.

Coral Gables, FL 33156

Vice President: Marsden Starbuck Cason

Address: 10201 Sable Palm Ave.

Coral Gables, FL 33156

Secretary: Marsden Starbuck Cason

Address: 10201 Sable Palm Ave. Coral Gables, FL 33156

Treasurer: Marsden Starbuck Cason

Address: 10201 Sable Palm Ave. Coral Gables, FL 33156

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

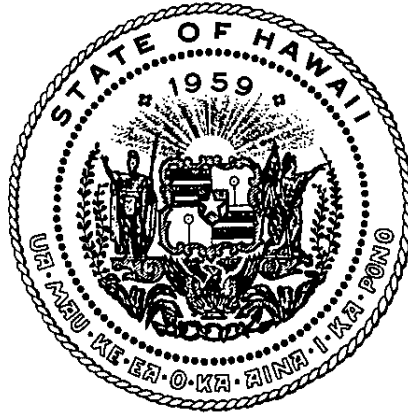
13. Roxanne Mankin Cason

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 he 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.

14. Roxanne Mankin Cason, President

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



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

KONA SPECIAL AIR, INC.

was incorporated under the laws of Hawaii on 03/08/2004 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: February 27, 2014

Director of Commerce and Consumer Affairs

