F14000003196

•	(Requestor's Name)
•	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
•	(Business Entity Name)
,	(Document Number)
į	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:



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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECTION (

July 15, 2014

NICOLE KING MATHESON FLIGHT EXTENDERS, INC. 9785 GOETHE ROAD SACRAMENTO, CA 95827

SUBJECT: MATHESON FLIGHT EXTENDERS, INC.

Ref. Number: W14000043460

We have received your document for MATHESON FLIGHT EXTENDERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 714A00015211

COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: MATHESON FLIGHT E	XTENDERS. INC.					
Name of corporation						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business."	ding" and check are submitted to register the					
Please return all correspondence concerning this matter	to the following:					
Nicole King						
Name of F	Person					
Matheson Flight Extenders, Inc.						
Firm/Comp	pany					
9785 Goethe Road						
Address Sacramento, CA 95827						
City/State and	d Zip code					
nking@mathesoninc.com						
For further information concerning this matter, please ca	r future annual report notification)					
Jennifer Enders _{gr} 916	, 504-4742					
Name of Person Area Co	ode & 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:						
	\$78.75 Filing Fee &					

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.

	allable in Florida, enter alternate corporate nam	•	1)
Californ		33-0369979	
State or countr	ry under the law of which it is incorporated)	(FRI number, if applicable)	
· · ·	7 17 2001 5	Perpetual	
•	tte of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"))
June 6th			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
425 F I	Landstreet Rd. #200, Orlan		
, rev	(Principal office add		-
785 Go	ethe Road, Sacramento, CA	•	7
	Juig Modu. Odkiamento, Ort	JULI	
	(Current mailing add		
	(Current mailing add	fress)	JUL 2
Ground	(Current mailing add	fress) S	JUL 28 J
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Ground (Purpose	(Current mailing add	S country to be carried out in state of Florida)	8 PH
Ground (Purpose)	(Current mailing add Handling/Terminal Service (a) of corporation authorized in home state or co	S country to be carried out in state of Florida)	8 PH 12:
Ground (Purpose	(Current mailing add Handling/Terminal Service (a) of corporation authorized in home state or or the address of Florida registered agent: (P.0 John Trosset	S puntry to be carried out in state of Florida) O. Box NOT acceptable)	8 PH
Ground (Purpose)	(Current mailing add Handling/Terminal Service (s) of corporation authorized in home state or co et address of Florida registered agent: (P.0	S puntry to be carried out in state of Florida) O. Box NOT acceptable)	8 PH 12:
Ground (Purpose) lame and stre Name:	(Current mailing add Handling/Terminal Service (a) of corporation authorized in home state or or the address of Florida registered agent: (P.0 John Trosset	S puntry to be carried out in state of Florida) O. Box NOT acceptable)	8 PH 12:

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: Mark B. Matheson Address: 9785 Goethe Road Sacramento, CA 95827 Vice Chairman: Address: __ Director: _ **B. OFFICERS** President: _ Address: _____ Vice President: ____ Address: Secretary: Patricia A. Kepner Address: 9785 Goethe Road, Sacramento, CA 95827 Treasurer: ___ Address: NOTE: If necessary, you may attach an addendum 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 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. Patricia A. Kepner , 5

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MATHESON FLIGHT EXTENDERS, INC.

FILE NUMBER:

C1559991

FORMATION DATE:

03/23/1989

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 21, 2014.

> **DEBRA BOWEN** Secretary of State