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(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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WOON THARRIS

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Fly	My Group Inc Name of corporati	·•		
	Name of corporati	on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence	on by Foreign Corporation for "Certificate of Good Story corporation to transact busings."	tanding" and check are sub		
Please return all correspo	ondence concerning this mat	ter to the following:		
7	Name o	of Person		
Fly My Gro	up Inc			
1 / 3 - 17 9	up Inc. Firm/Co	ompany	 	
	egy Blud. Snite 1			
	Add	dress		
Bozemein. MT	59715 City/State			
7000	City/State	and Zip code		
info@flymy	Youp. Com JE-mail address: (to be use	d for future annual report i	notification)	
	concerning this matter, pleas			
Roy Peterso	nt (<u>406</u> Area Co	, 200-824	7	
/ Name of Person	Area Co	ode Daytime Telep	hone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:				
	Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building	Otations		P.O. Box 6327	
2661 Executive (Tallahassee, FL		Tallahassee, F		
Enclosed is a check for the	ne following amount:			
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$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. Fly My (Enter name of co	Group Inc. proporation; must include "INCORPORATED," "	COMPANY." "CORPORATION	1."
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		•
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)
2. Montano	y under the law of which it is incorporated)	47-2793834	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 01/13/2	-015 5.		
(Date	O1 13 2015 (Date of incorporation) 5. (Date of duration, if other		than perpetual)
6.			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	4>
200 111		• •	
7. 200 VVes	of Kagy Blud, Suite D#3	306 Bozevnan MT office address)	59+15
	(t fineipai	office address)	
	(Current mailing a	address, if different)	· · · · · · · · · · · · · · · · · · ·
8. Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	三 裝置 ? 卫
Name:	James J. Peleson		
	4011 Ibis Drive	_	
Office Address:	7011 I bis Drive	_	ည်း ယ
•	Orlando	, Florida 32803	35 DA
	(City)	(Zip code)	
O Desigtered age	antle accomtance.		

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Koy Peterson Address: 280 West Kagy Blvd. Suite D#306, Bozeman, MT 59715 Vice Chairman: Director: Jett Peterson Address: 280 West Kagy Blvd. Suite D#306, Bozeman, MT 59715 **B. OFFICERS** President: Kay Peterson 577 5 Address: 280 West Kagy Blud. Suite D#306, Bozeman, MT 59715 Vice President: Address: Secretary: Ethan Screnock Address: 280 Wost Kagy Blvd. Suite D # 306 Bozeman, MT 59715 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 11 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

(Typed or printed name and capacity of parson cigning application

a third degree felony as provided for in s.817.155, F.S.

besa15208144902731400-e-d256955

SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

FLY MY GROUP INC.

duly filed its Articles of Incorporation in this office on 13 January 2015, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 28 July 2015.

LINDA MCCULLOCH Secretary of State

Sinde Mc Cullan

Certified File Number: D256955