

F/700000155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500297581535

APR 06 2017  
S. YOUNG

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR -5 AM 11:01

RECEIVED

17 APR -5 AM 11:27

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 583217 7193352

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : April 4, 2017

ORDER TIME : 9:39 AM

ORDER NO. : 583217-005

CUSTOMER NO: 7193352

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 15 AM 11:27

FOREIGN FILINGS

NAME: OSM AVIATION SH US  
INCORPORATED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

**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. OSM AVIATION SH US INCORPORATED**

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

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

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 2, 2017 5. perpetual  
(Date of incorporation) (Date of duration, if other than 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. c/o OSM Aviation, Inc.  
915 Middle River Drive, Suite 513, Fort Lauderdale, FL 33304  
(Principal office address)

n/a  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

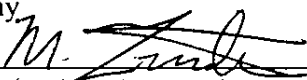
Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

Corporation Service Company

By: \_\_\_\_\_

  
(Registered agent's signature)

Melissa Zender  
Asst. Vice President

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.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 15 AM 11:27

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Espen Hoiby

Address: c/o OSM AVIATION, INC.

915 Middle River Drive, Suite 513, Fort Lauderdale, FL 33304

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Fredrik Grorud Oygard

Address: c/o OSM AVIATION, INC.

915 Middle River Drive, Suite 513, Fort Lauderdale, FL 33304

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Espen Hoiby

Address: c/o OSM AVIATION, INC.

915 Middle River Drive, Suite 513, Fort Lauderdale, FL 33304

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Gitte Leonce

Address: c/o OSM AVIATION, INC., 915 Middle River Drive, Suite 513, Fort Lauderdale, FL 33304

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. \_\_\_\_\_

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

13. Espen Hoiby

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR . 5 AM 11:27

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSM AVIATION SH US INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OSM AVIATION SH US INCORPORATED" WAS INCORPORATED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.


FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR .5 AM 11:27



6333413 8300

SR# 20172234458

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202319235

Date: 04-04-17