Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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17 JUL 12 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
LOGISTIC AIR SUPPORT INC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	$78.75

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D. SCOTT
JUL 14 2017

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

3 _____
(FEI number, if applicable)

4 JUNE 13, 2017
(Date of incorporation)

5 _____
(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 1201 N. ORANGE ST., STE 600, WILMINGTON, DE 19801
(Principal office address)

1625 NW CORPORATE BLVD, STE 110, BOCA RATON, FL 33431
(Current mailing address, if different)

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

Name BARINAS AND ASSOCIATES INC

Office Address 5701 NW 36 ST

MIAMI, Florida 33166
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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

Address

Vice Chairman

Address

Director: JUNAID PEERANI

Address: 1331 NW 115TH AVE

PLANTATION, FL 33323

Director

Address

B. OFFICERS

President

Address

Vice President

Address

Secretary

Address

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

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TALLAHASSEE, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOGISTIC AIR SUPPORT INC" 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 FOURTEENTH DAY OF JUNE, A.D. 2017.

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17 JUL 12 AM 9:42

Jeffrey W. Bullock, Secretary of State

6443174 8300
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