Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000243680 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION

Zones Aircraft Leasing, Inc.

Certificate of Status	I
Certified Copy	Ü
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 1 8 2017

COVER LETTER

O: Registration Section Division of Corporations	i
SUBJECT: Zones Aircraft Leasing Inc	
SUBJECT: Zones Aircraft Leasing, Inc. Name of corporation	must include endly
Traine of corporation	· mast modade somx
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to it	he following:
Nancy Reich, CFA	
Name of Per	son
Wolcott & Associates, PA	
Firm/Compa	nny
5525 NW 15th Avenue, Suite 203	
Address	
Fort Lauderdale, FL 33309	
City/State and Z	ip code
D-WOLVER TO THE TOTAL OF THE TO	
nancyr@ayiation-cpa.com E-mail address: (to be used for future	annual report notification)
· · · · · · · · · · · · · · · · · · ·	,
For further information concerning this metter, please call:	
Nancy Reich at (954	1.763-9263
Name of Person Area Code	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Fallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee X \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.	1. Zones: Alterraft Leasing, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp.")					
	(If name unav	railable in Florida, enter alternate corporate na	inie a	adopted for the purpose of transacti	ng business in f	lorida)
2.	DE _		3.	82-2659037		
	(State or cou	intry under the law of which it is incorporated)		(FEI number, if apo	licable)	
4.	8/31/2017		5.	Perporual		
		(Date of incorporation)		(Date of duration, if other	.han perpetual)	
6.						
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	s in F 502,	forida, if prior to registration) F.S., to determine penalty liability)		
7.	850 New B	urton Road #201, Dover, Delawar	<u>, 5, </u>	19904		
		(Principal o	ffice a	address)		~
	10655 ME	4th Street, 4700, Bellevue, Was	shin	gton 98004		
		(Current mailing a	iddre	ss, if different)		-0
						G
٥.	wame and sir	eet address of Florida registered agent: (F	².O. l	Box <u>NOT</u> acceptable)	•	<u> </u>
	Name:	CT Corporation System		_	Tro II	<u>C</u>
Off	ice Address:	1200 South Pine Island Road			<u> </u>	+
		Plantation		, Florida 33324	•	UL)
		(City)		(Zip code)		
Hav des furt	ring been name lignated in this a her agree to co	gent's acceptance: d as registered agent and to accept service of papplication, I hereby accept the appointment as uply with the provisions of all statutes relative millar with and accept the obligations of my pos	regis to the	stered agent and agree to act in this proper and complete performance	capacity. I	
		James Church	1	Danny Verdecchia Assistant Secretary		
		(Recistered acent's	sian	ature)	-	

10. Attached is a certificate of existence only 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. DIRECTO	DRS	
Chairman:	Firoz Lalji	
Address:	10655 NE 4th Street, Suite 700, Bellevue, WA 98004	
Vice Chairm	en:	
	Michael W. Chase	
	10655 NE 4th Street, Suite 700, Balleville, WA, 98004	
Director:		
		
B. OFFICER		
President: _	Firoz Lalji	<u> </u>
Address:	ADDEE NE 4% Chief College 700 Ballania 3MA 00004	4. · · · · · · · · · · · · · · · · · · ·
Vice Preside	nt:	
Address:		
Secretacy	Michael W. Chase	
Address:	10655 NE 4th Street, Suite 700, Bellevue, WA 98004	
Treasurer:	Mark Kennecy	
	10655 NE 4th Street, Suite 700, Bellevue, WA 98004	
NOTE: If no	cessary, you may attach an addendum to the application listing additional officer Signature of Director or Officer	
tutes a third	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms I that he or she is aware that false information submitted in a document to the Deddegree felony as provided for in s.817.155, F.S. Alichael W. Chase, Director	
	(Typed or printed name and capacity of person signing application	n)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZONES AIRCRAFT LEASING, 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 FIFTEENTH DAY OF SEPTEMBER, A.D.

2017.

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

;

ne at corp.delaware.gov/authver.

Authentication: 203230642

Date: 09-15-17