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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,



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	Divisi	ion of Corpo	orations				The second	Ē
	SUBJECT:	Kimbles Av	viation Logistical Servic	es Inc				
	50202011		Name of co	rporation -	must include suffix	x		_
	Dear Sir or M	adam:						
	"Certificate o	f Existence,	n by Foreign Corpor " or "Certificate of C corporation to transa	iood Stand	ing" and check are			
	Please return	all correspo	ndence concerning th	nis matter t	o the following:			
			Kimberly (Grillo Mills				
]	Name of Pe	erson	· · <u></u>		-
			Kimbles	Aviation L	ogistical Services	Inc		
	<u> </u>			irm/Comp				-
			1030 L	ambert Av	enue			
				Addres				-
			Flage	er Beach, F	1 32136			
				ty/State and				-
			kimberly@kimbles	dls.com a	ind mlangley@kim	blesdls.com	ı	
			E-mail address: (to	be used fo	r future annual rep	ort notificati	ion)	_
	For further in	formation c	oncerning this matte	r, please ca	11:			
		Kimber	y Grillo Mills at (386) 931-2937			
	Nam	ne of Person		Area Code		elephone Nu	imber	
			RIER ADDRESS:			G ADDRES on Section	SS:	
	•	stration Sec sion of Corp				of Corporation	ons	
	Clift	on Building			P.O. Box			
		Executive ahassee, FL	Center Circle 32301		Tallahasso	ee, FL 3231	4	
	Enclosed is a	t check for t	he following amount	:				
	🗇 \$70.00 Fi	iling Fee	Certificate of St		\$78.75 Filing Fee Certified Copy	C	87.50 Filing Fee, Certificate of Statu Certified Copy	15 &

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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.

Kimbles Aviation Logistical Services Inc.

.. . • .

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

(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
Delaware	3.		
9/25/2012	y under the law of which it is incorporated)		
(Date	of incorporation) 5.	(Date of duration, if othe	r than perpetual)
02/20/2018			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ility)
	21781 Aviation Avenue,	Georgetown, DE 19947	
	(Principa	l office address)	
	PO Box 304, West Alexa	nder, PA 15376	2016 17.41
	(Current mailing	address, if different)	APR
Name and stree	et address of Florida registered agent: (P.O. Pete Grillo	Box <u>NOT</u> acceptable)	NRY OF
Name:			ST/
ffice Address:	1406 N Daytona Avenue)110 ALC 08
	Flagler Beach, FL	32136 , Florida	· · ·
	(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.

Peter & Arello

(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:
Address:
Directori
Director:
B. OFFICERS
President:Mark R Langley
Address:900 Red Bone Drive, Titus, AL 36090
Vice President: Sean P Carroll
Address:
Secretary: Sean P Carroll
Address: 1030 Lambert Avenue, Flagler Beach, FL 32136
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12
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. Mark R Langley, President

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



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIMBLES AVIATION LOGISTICAL SERVICES 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 THIRTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIMBLES AVIATION LOGISTICAL SERVICES INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2012.

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

2018 APR 18 PM 12: 2 הדייכיוד הב כדעדב RECEIVED

5217859 8300 SR# 20182679944



W. Rullech, Secretary of State

Authentication: 202510260 Date: 04-13-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

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