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Kir Tadlock 8004322132

(02/05) 02/07/2019

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : CAPITOL SERVICES, INC.  
Account Number : 12C16CCC0017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 FEB - 7 AM 10:49

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**\*\*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**  
**SKYPLAN, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

T. CLINE

FEB - 8 2019

EXAMINER

2019 FEB - 7 PM 1:14

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

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

2. Delaware 3. 36-4911301  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 27, 2018 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 321 N. Crystal Lake Dr., Suite 101, Orlando, FL 32803  
(Principal office address)

(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

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.*

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

(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: Muhammad SamiAddress: Q3-077, SAIF Zone, P.O. Box 122033, Sharjah, United Arab Emirates

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

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

Director: Muhammad SamiAddress: Q3-077, SAIF Zone, P.O. Box 122033, Sharjah, United Arab EmiratesDirector: Craig MariacciAddress: #104, 7777 - 10th Street NE, Calgary, Alberta, Canada T2E 8X2

## B. OFFICERS

President: Muhammad SamiAddress: Q3-077, SAIF Zone, P.O. Box 122033, Sharjah, United Arab Emirates

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

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

Secretary: Salman Ali ZaidiAddress: #104, 777 - 10th Street NE, Calgary, Alberta, Canada T2E 8X2Treasurer: Salman Ali ZaidiAddress: #104, 777 - 10th Street NE, Calgary, Alberta, Canada T2E 8X2

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 §.817.155, F.S.

13. Muhammad Sami, Director

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SKYPLAN, 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 SEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYPLAN, INC."  
WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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



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SR# 20190807709

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202219175

Date: 02-07-19

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