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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

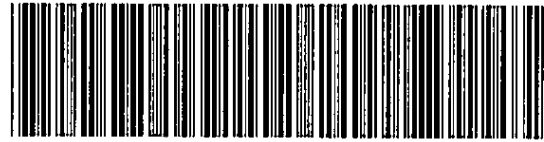
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 APR 18 AM 8:32
CALLAHAN, SEAN
Z BROWN
APR 26 2019

FILED

4/26/19

COVER LETTER

TO: Registration Section
Division of Corporations
Sky Palace Airways Inc

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Carole Debaude

_____	Name of Person
Sky Palace Airways Inc	
_____	Firm/Company
1101 E Cumberland Ave	
_____	Address
Tampa FL 33602	
_____	City/State and Zip code
carole@avatarins.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carole Debaude	813	5514027
_____	_____	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & 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.*

Sky Palace Airways Inc

1. _____
(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)
Wyoming 83-2463444

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
November 2018

4. _____ 5. _____
(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)
1101 E Cumberland Ave. Tampa FL 33602

7. _____
(Principal office address)

(Current mailing address, if different)

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

Hitesh Adhia

Name:

1101 E Cumberland Ave

Office Address:

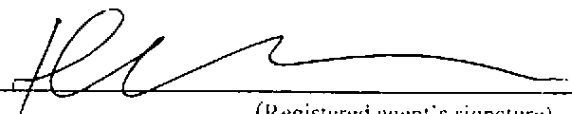
Tampa

33602

_____, 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.*



(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.

FILED
2018 APR 18 AM 8:32
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Hitesh Adhia

Chairman: _____
1101 E Cumberland Ave

Address: _____
Tampa FL 33602

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Robert Fleming

President: _____
1101 E Cumberland Ave

Address: _____
Tampa FL 33602

Michael Gray

Vice President: _____
1101 E Cumberland Ave

Address: _____
Tampa FL 33602

Carole Debaude

Secretary: _____
1101 E Cumberland Ave, Tampa FL 33602

Address: _____
Carole Debaude

Treasurer: _____
1101 E. Cumberland Ave, Tampa FL 33602

Address: _____

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

12. Robert P. Fleming
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. Robert Fleming
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Sky Palace Airways, Inc.

is a


Profit Corporation

formed or qualified under the laws of Wyoming did on **November 8, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000827931**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of March, 2019 at 9:27 AM. This certificate is assigned 030458430.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.