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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Aviation Management Consulting Group, Inc. 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:	
Jeff A. Kohlman	
Name of Person	
Aviation Management Consulting Group, Inc.	
9085 E. Miheral Circle, Suite 315	
Centernial, CO 80112 City/State and Zip code	
iakoh/man@amcq.aero E-mail address: (to be used for future annual report notification) = 5	~ 1
For further information concerning this matter, please call:	ال محص 1987ء
Name of Person at (303) 792-5203 PARE Code Daytime Telephone Number 7 PARE CODE DAYTIME TELEPHONE DAYTIME TELEPHONE NUMBER 7 PARE CODE DAYTIME TELEPHONE DAYTIME TELE	ハフ
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 S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee, 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. Aviation Management Consulting Group, 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. Colorado
(State or country under the law of which it is incorporated)

3. 84-1443Z64
(FEI number, if applicable) 4. 12/13/97
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) E. Mineral Circle Suite 315
(Principal office address) Centernial (0 \$50 80112 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 10675 Woodchase Circle Office Address: Orlando , Florida 32836 (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.

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 refice Place CO 80015 Vice Chairman: Address: Director: 64113 Director: Address: _ **B. OFFICERS** leff A. Kohlman Vice President: \ Address: _ 64113 Address: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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

Jeff A. Kohlman President

a third degree felony as provided for in s.817.155, F.S.

13. _____

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

AVIATION MANAGEMENT CONSULTING GROUP, INC.

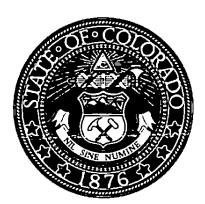
is a

Corporation

formed or registered on 12/15/1997 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971200856.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/08/2019 that have been posted, and by documents delivered to this office electronically through 07/09/2019 @ 16:55:32.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/09/2019 @ 16:55:32 in accordance with applicable law. This certificate is assigned Confirmation Number 11674599



Secretary of State of the State of Colorado

*********End of Certificate*******

Notice; A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http. www.sov.state.co.us.biz CertificateSearchCriteria do entering the certificate confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sov.state.co.us.click:"Businesses, trademarks, trade names" and select "Frequently Asked Questions."