

F1900000475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

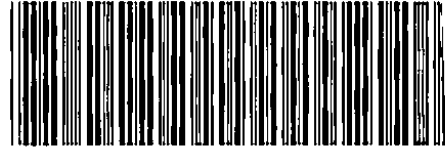
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/19--01019--004

D. BRUCE
OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAIRN CONVENT OPERATIONS INC

Name of corporation - must include suffix

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

DAVID OWENS

Name of Person

OWENS CONSORTIUM

Firm/Company

200 CONCORD PLAZA SUITE 550

Address

SAN ANTONIO TEXAS 78216-0027

City/State and Zip code

owenscpa@swbell.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elsa Gutierrez

Name of Person

at (956)

Area Code

206-7250

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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. AAIRN CONVENT OPERATIONS 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. TEXAS

(State or country under the law of which it is incorporated)

3. 20-8690601

(FEL number, if applicable)

4. 3/14/2007

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 10/31/2019

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

7. 200 CONCORD PLAZA STE 550 SAN ANTONIO TEXAS 78216-0027

(Principal office address)

(Current mailing address, if different)

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

Name: SCOTT A MARCUS

Office Address: 1 EAST BROWARD BLVD STE 1800

FT LAUDERDALE

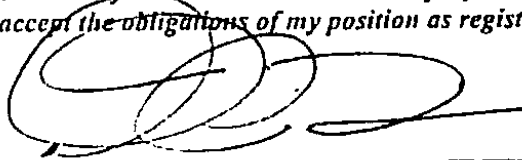
(City)

, Florida 33301

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation as designated in this application, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relative to the proper and complete performance 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 state under the law of which it is incorporated.

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

A. DIRECTORS

Chairman: ELSA GUTIERREZ

Address: 3910 E. DEL MAR BLVD. STE. 107, LAREDO, TEXAS 78045

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 are true and that he or she is aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

13. ELSA GUTIERREZ, CHAIRMAN

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certification for AAIRN CONVENT OPERATIONS INC (file number 800787069), a Domestic Profit Corporation, was filed in this office on March 14, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my
officially and caused to be impressed hereon the
State at my office in Austin, Texas on October 0



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State