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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	FCT: FLYCROCODILE CORPOR	ATION		
3 00 0		of corporation -	· must include suffix	
Dear Si	ir or Madam:			
"Certifi	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to to	of Good Stand	ing" and check are submi	
Please	return all correspondence concerni	ng this matter t	o the following:	
Paul Ko	ogan, Esq.			
		Name of P	erson	
The Ko	gan Firm, P.A.			
	· · · · · · · · · · · · · · · · · · ·	Firm/Comp	pany	
330 N.	Andrews Ave., Ste. 450			<u> </u>
		Addres	SS .	16.
Ft. Lau	derdale, FL 33301			\(\tau_1 \)
	——————————————————————————————————————	City/State an	d Zip code	63
paul@k	togan.law			-1
	E-mail address	: (to be used fo	r future annual report not	iffication) ?
For fur	ther information concerning this w	atter, picase ca	11:	2
Paul Ko	ogan, Esq.	954 at (281-8888	
	Name of Person	Area Code	Daytime Telepho	ne Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please n	ed is a check for the following amenake check payable to: FLORIDA DI .00 Filing Fee	EPARTMENT (g Feé &: 🗆		S87.50 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.

FLYDREAMS.	AIRCRAFT GROUP, INC.			
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED.	"COMPANY," "CORPORATION,"	_
(If name unavails	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)
2. Delaware		3.	81-2521725	
(State or countr	y under the law of which it is incorporated)	1	(FEI number, if applicable)	_
4. 4/14/2016		5.		
(Date	of incorporation)		(Date of duration, if other than perpetual)	_
6				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_ 108 W, 13th St, V	Vilmington, DE 19801		, and the state of	
/		offi	ce street address)	_
	(Current ma	ilin	g address, if different)	_
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	2020 J.
Name:	The Kogan Firm, P.A.		<u> </u>	∵ : >
Office Address:	330 N. Andrews Ave., Ste. 450		<u> </u>	9 7 1
	Ft. Lauderdale		, Florida	<u>'</u>
	(City)	-	(Zip code)	: 21

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.

A. DIRECTORS					
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: 5302 NW 21st TER	□Vice Chairman	Address:		
□Director		□Director			
President	FT LAUDERDALE, FL 33309	□President			····
□Vice President		□Vice President			
□Secretary	□Treasurer	□ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:	<u></u>	
□Director		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary		□Treasurer	
□Other		Other		Other	
□Chairman	Name:	□ Chairman	Name:		2028.
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			1 6
□President		□President			<u> </u>
□Vice President		□Vice President			21
☐ Secretary	☐Treasurer	☐Secretary		□Treasurer	
□Other	Other	□Other		□Other	
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re		urposes only. Non	-indexed
	Signature of Director of	r Officer			
5hr ls aware that fa \$,817,155, F.S.	eter signing this document (and who is listed in number dee information submitted in a document of the December				
13. Andrey Boris	sevich, president (Typed or printed name and capacity of perso	n signing application)	.	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLYDREAMS AIRCRAFT GROUP, 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 TWENTY-SECOND DAY OF

JANUARY, A.D. 2020.

17:17:15:51 L.: 5:51



Authentication: 202232062

Date: 01-22-20



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9994250 PAUL KOGAN, ESQ. 330 N. ANDREWS AVE STE 450 FT.LAUDERDALE, FL 33301

01-22-2020

DESCRIPTION		AMOUNT
6016831 - FLYDREAMS AIRCRAFT GROUP, INC. Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, Same Day	\$50.00
	TOTAL CHARGES	\$100.00
	TOTAL PAYMENTS	\$100.00
	BALANCE	\$0.00

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