# F20000001756

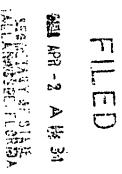
(Red	questor's Name)	
(Add	dress)	·
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600342272016

04/02/26--01015--066 \*\*70.60



APRILO UIT TUENNEUX

### **COVER LETTER**

то:		tration Section ion of Corporations		
SUBJ	ECT:	Golden Skies, Inc.		
		Name of	corporation	- must include suffix
Dear S	ir or M	adam:		
"Certit	icate of		f Good Stan	Authorization to Transact Business in Florida," fing" and check are submitted to register the s in Florida.
Please	return a	all correspondence concerning	g this matter	to the following:
Michae	l F. Kay	rusa, Esq.		
			Name of	Person
Michae	ł F. Kay	rusa, P.A.		
			Firm/Com	oany
2077 F	irst Stre	ct, Suite 201		
	_	-	Addre	ss
Fort M	yers, Fl.	33901		
		·- <del>-</del> -	City/State at	d Zip code
jbowma	an@bov	vmansteel.com		
	·	E-mail address:	(to be used f	or future annual report notification)
For fur	ther inf	ormation concerning this mat	ter, please c	d!:
Michael F. Kayusa		239 t (	334-8200	
	Name	of Person	Area Code	
	Regist Divisi The C 2415	ET/COURIER ADDRESS: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 lassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	nake ch	check for the following amou eck payable to: FLORIDA DEF ng Fee S78.75 Filing Certificate of	PARTMENT Fee & □	OF STATE  \$78.75 Filing Fee &  Certified Copy  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.

name unavail	able in Florida, enter alternate corporate na	ne adopted for the numose of transa	cting business in Florida)
linois		_ 58621897	-
State or countr	y under the law of which it is incorporated)	3. (FEI number, i	f applicable)
ecember 8, 19	95	5.	
(Date	of incorporation)	5. (Date of duration, if of	ner than perpetual)
	(Date first transacted busines	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty lia	hility)
14 US Highwa	y 27, South, Sebring, FL 33876	11302. 1.o., to determine penatty na	omy)
	(Principal	office street address)	
	(Principal o	office street address)	
		office street address)	
Name and stree		iling address, if different)	
	(Current ma	iling address, if different)	
Name:	(Current ma et address of Florida registered agent: (1	iling address, if different)	A CONTRACTOR
Name:	(Current ma et address of Florida registered agent: (1 Michael F. Kayusa, Esq. 2077 First Street, Suite 201	iling address, if different)  P.O. Box <u>NOT</u> acceptable)	
Name:	(Current ma et address of Florida registered agent: (1 Michael F. Kayusa, Esq. 2077 First Street, Suite 201	iling address, if different)  P.O. Box <u>NOT</u> acceptable)	2 >
	(Current ma et address of Florida registered agent: (1 Michael F. Kayusa, Esq. 2077 First Street, Suite 201	iling address, if different)	-2 A 18
Name: ice Address: Registered ag	(Current ma et address of Florida registered agent: (I Michael F. Kayusa, Esq. 2077 First Street, Suite 201 Fort Myers, FL (City)	P.O. Box NOT acceptable)  The state of the s	-2 A 18 31
Name: ice Address: Registered ag- ving been nam	(Current ma et address of Florida registered agent: (I Michael F. Kayusa, Esq. 2077 First Street, Suite 201  Fort Myers, FL  (City) ent's acceptance: seed as registered agent and to accept see	iling address, if different)  P.O. Box NOT acceptable) , Florida 33901  (Zip code)	nted corporation at the
Name: ce Address: Registered againg been nam gnated in this	(Current ma et address of Florida registered agent: (I Michael F. Kayusa, Esq. 2077 First Street, Suite 201 Fort Myers, FL (City)	iling address, if different)  P.O. Box NOT acceptable) , Florida 33901  (Zip code)  rvice of process for the above stantment as registered agent and a	nted corporation at the large to act in this capa

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 John Bowman □ Chairman Name: □Chairman Name: \_\_\_\_\_ Address: 6814 US Highway 27 South □Vice Chairman □ Vice Chairman Address: \_\_\_\_\_ Sebring, FL 33876 □ Director Director President President ... □ Vice President □Vice President □ Secretary □Treasurer Secretary: Treasurer. □Other \_\_\_\_ Other \_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_ □ Chairman Name: \_\_\_\_\_\_ □Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Address: □Director □Director □President □ President □ Vice President □ Vice President □Treasurer ☐ Secretary □ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ CC Chairman Name: □Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ Address: \_\_\_\_\_ ☐Vice Chairman □ Director Director □President □President □Vice President \_ ☐Vice President ☐ Secretary □ Treasurer □ Secretary ☐Treasurer ☐Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an prachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. ok 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 s.817.155, F.S. John Bowman



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GOLDEN SKIES, INC.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 08. 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of MARCH A.D. 2020

Authentication #: 2007901420 verifiable until 03/19/2021
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE