F2100000 1404

(Requestor's Name)					
(Address)					
(identity)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
, ,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

t<u>:</u>

10: Registration Section Division of Corporations					
SUBJECT: Ar Frame Innovation The Name of corporation - must include suffix					
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:					
Name of Person					
Air Frame Linountin Inc					
156 Hourglass Dr. Address					
Address					
Lenice, FL 342.93 City/State and Zip code					
City/State and Zip code					
11ck (a) GITFrane. 10 E-mail address: (to be used for future annual report notification)					
iz-mail address: (to be used for future annual report nonfication)					
For further information concerning this matter, please call:					
Name of Person Area Code Daytime Telephone Number					
Name of Person Area Code Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\text{S}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

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. A:- Frame Longuation 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. <u>Je laware</u>
(State or country under the law of which it is incorporated)

3. <u>\$3-3260824</u>
(FEI number, if applicable) 4. 01/17/2019 5. (Date of incorporation) 5. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 156 How-glase- D. Legice FL 34293
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Nicholas Carter 156 Hourglast Dr.

Lenice . Florida 34293
(Circ) (Zip code) Office Address: 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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	1			
	Name: Nicholas CAPICR			
□Vice Chairman	Address: 156 HOURGLASS DR.	□Vice Chairman	Address:	
□ Director	<u>Venice FL 34293</u>	Director		
≱ President	Nicholus Carter	□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□ Secretary		☐ Treasurer
□Other		□Other		☐ Other
□Chairman	Name:	□Сhаіты	Name:	
⊜Vice Chairman	Address:	∐Vice Chairman	Address:	
□Director		Director		
□ President		□President		
□Vice President		□Vice President		
Secretary	Treaswer	☐ Secretary		□Treasurer
GOther	Other	Other		Other
□ Chairman	Name:	□ Chairman	Name:	·
⊡Vice Chairman	Address:	□Vice Chairman	Address:	·
□ Director		☐ Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		□Treasurer
Other	Other	□0ther		Other
important Notice individuals may l	Use an attachment to report more than six (6). The att be added to the index when filing your Florida Departn Signature of Director	ent of State Annual b	Report form.	purposes only. Non-indexed
she is aware that s.817.155, F.S.	rector signing this document (and who is listed in numb false information submitted in a document to the Depa	per [] above) affirms rument of State consti	that the facts stat tutes a third deg	ted herein are true and that he or ree felony as provided for in
13	(Typed or printed name and capacity of per	son signing application	on)	



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

DELAWARE, DO HEREBY CERTIFY "AIRFRAME INNOVATION, 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 FIFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIRFRAME INNOVATION, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2019.

Authentication: 202448290

Date: 02-05-21