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(Red	questor's Name)	
(Ado	dress)	
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(City	y/State/Zip/Phone	: #)
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	COVER LETTER		
	stration Section sion of Corporations		
SUBJECT	RED SIX AEROSPACE INC.		
30131.01	Name of corporation - must include suffix		-
Dear Sir or A	dadam:		
"Certificate	d "Application by Foreign Corporation for Authorization to Transact Business in I of Existence," or "Certificate of Good Standing" and check are submitted to registed foreign corporation to transact business in Florida.		
Please return	all correspondence concerning this matter to the following:		
LOVETTE D	OBSON		
· · ·	Name of Person		_
	Firm/Company	=:	_ 22
17350 STATI	EHWY 249 #220	- :-	≥ <u>-</u>
-	Address	# T	2021 APR 19
HOUSTON.	ΓX 77064	28.5 28.5 28.5	_ 5
_	City/State and Zip code	프유	70
EFILE1234@	PINCFILE.COM	L3.	بن _
	E-mail address: (to be used for future annual report notification)	356	12
For further in	nformation concerning this matter, please call:		
LOVETTE D	$\frac{\text{OBSON}}{\text{ne of Person}} = \frac{\text{at } (\frac{1}{\text{Area Code}})}{\text{Area Code}} \frac{888-462-3453}{\text{Daytime Telephone Number}}$		
Nan	ne of Person Area Code Daytime Telephone Number		
Regi Divi The 2415	SEET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 phassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	t check for the following amount: heck payable to: FLORIDA DEPARTMENT OF STATE ling Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 F	iling Fee.	

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.

(1.0)			
DELAWADE	lable in Florida, enter alternate corporate name adop	oted for the purpose of transacting b	usiness in Florida)
1State or count	ry under the law of which it is incorporated)	82-5064988	
02/09/2018			cable)
·	e of incorporation) 5.	(Date of duration, if other than	
(1740	s of incorporation)	(Date of duration, if other than	ı perpetual)
ś	(D) (C)		
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	rida, if prior to registration) F.S., to determine penalty liability)	
2601 OCEAN PA	ARK BLVD STE 214 , SANTA MONICA, CALIF		
·	(Principal office st		
	` ·	<u></u>	
	(Current mailing ad-	dress, if different)	-
	ū	,	<u>ده</u> و ا
. Name and stre	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)	25 SEC. 1
Name:	LEGALING CORPORATE SERVICES INC.		P P
Name.		-	19 188
Office Address:	5237 SUMMERLIN COMMONS, SUITE 400	_	[4]
	FORT MYERS	Storido 33907	PH @: OF STA
	(City)	. Florida (Zip code)	
		(—-F)	\$20°) as

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.

:gistered agent's signature)

A. DIRECTORS Name: MIKE HOLMES Name: JOSH LOBEL □Chairman □ Chairman Address: 3251 PROGRESS DRIVE 3251 PROGRESS DRIVE □ Vice Chairman ☐ Vice Chairman Director Director ORLANDO, FLORIDA 32826 ORLANDO, FLORIDA 32826 ☐ President □President □Vice President _____ □Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other ____ □Other ____ □ Other _____ □Other _____ Name: __ Name: MAISSAN ALMASKATI □Chairman □Chairman □ Vice Chairman Address: 3251 PROGRESS DRIVE Address: 3251 PROGRESS DRIVE □ Vice Chairman Director Director ORLANDO, FLORIDA 32826 ORLANDO, FLORIDA 32826 □President □President □ Vice President ☐ Vice President ☐ Secretary □Treasurer Secretary Treasurer : □Other _____ □Other _____ □Other _____ □Other Name: DANIEL ROBINSON □Chairman □Chairman | □Vice Chairman Address: 3251 PROGRESS DRIVE □Vice Chairman Address: ____ Director ☐ Director ORLANDO, FLORIDA 32826 □ President □Vice President _____ ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ ☐Other _____ Important Notice: Use an attachment 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.

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.

Daniel Robinson - PRESIDENT

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RED SIX AEROSPACE 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 THIRTEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED SIX

AEROSPACE INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202952521

Date: 04-13-21

6749312 8300 SR# 20211270041