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To:	Division of Co		
	Fax Number	: (850)617-6383	
From:			
	Account Name	: REGISTERED AGENTS INC.	~ 1
	Account Number	: 12009000081	5 00
	Phone	: (307)200-2803	
		: (855)330-1010	SECRET
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FOREIGN PROFIT/NONPROFIT CORPORATION

Tradewind Flight Services Inc.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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2021 JUN - 7 PH 14: 14

JEIWEL

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.

I. Tradewind Flight Services Inc.

(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp.," "Inc." "Co." or "Corp.")

D2 Flight A	cademy LLC ble in Florida, enter alternate corporate name ac	dopted for the purpose of transacting busi	ness in Florida)	
, North Car	olina3.	(FEI number, il applicab		
	ander the fail of thirth to the second	(FEI number, if applicab	ole)	
12/20/201		an of the site of the theory	urnatual)	
(Date of incorporation)		(Date of duration, if other than perpetual)		
5	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 St N STE 300 St. Petersburg	02, F.S., to determine penalty hability)		
7. 7901 401 5	Principal offic	e street address)		
7901 4th S	St N STE 300 St. Petersburg			
	(Current mailin	g address, if different)	20) SI	
	et address of Florida registered agent: (P.C Registered Agents Inc.). Box <u>NOT</u> acceptable)	2021 JUH - 7 SECRETAR	
Name: Office Address:	7901 4th St N STE 300		AHIO: I	
	St. Petersburg	, Florida <u>33702</u>	o: I	
	(City)	(Zip code)		

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.

Beet	me

(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			Daved Contonni
□Chairman	Name: David Ricker	□Chaimian	Name: Darryl Centanni
□Vice Chairman	Address: 820 Aviation Drive		Address: 820 Aviation Drive
XiDirector	New Bern NC 28562	Director	New Bern NC 28562
,.		X President	
□President		□Vice President	
□Vice President			
□Secretary	Treasurer		□ Treasurer
DOther CEO	Other	□Other	Other
□Chairman	Name:	Chainnan	Name:
□Vice Chairman	Address:	UVice Chairman	Address:
Director		Director	
□President		DPresident	
⊡Vice President		☐Vice President	
	Treasurer	□Secretary	[]Treasurer
Other		□Other	Other
□ Chainnan	Name:	⊡Chainnan	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
		President	
⊡Vice President		⊡Vice President	
		Secretary	Treasurer
Secretary		Other	[]Other
⊡Other			

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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.

cler 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.

AUC RICKER CED (Typed or printed name and capacity of person signing application) ł 13.



CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TRADEWIND FLIGHT SERVICES INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of December, 2018, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Certification# 109265304-1_Reference# 16950850-_Page: 1 of 1_____ Verify this certificate online at https://www.sosnc.gov/verification______ IN WITNESS WHEREOF. I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of March, 2021.

Elaire I. Marshall

Secretary of State