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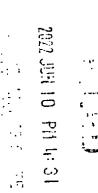
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D CUSHING

COVER LETTER

TO:	Registration Division o	on Section of Corporat	ions						
SUBJ	ECT:	Blue	Name o	TVC f corporat	ion - must	include suffix	ρ.		
Dear S	ir or Madan			•					
"Certit	icate of Exi	stence," or		of Good St	tanding'' a	zation to Transa nd check are su orida.			
Please	return all co	orresponde	nce concernir	ig this mat	ter to the	following:			
		Gre	tchen	Bor	low				
				Name	of Person				
		Bl	ve An	1	uni	ng Corp	9		
		759	32 Las	Vega	S Blv	J 5, 5+	e 104	,	202
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		E-	mail addresss	∠#o be use	d for futur	e annual report	notificatio	on) ;	÷. မ
For fur	ther inform	ation conce	erning this ma	itter, pleas	e call:				
Gr	tchen Name of I		אט <u>.</u> ;	at (<u>888</u> Arca C		758 - 34 Daytime Tele	17, ey	<u>(† 24</u> nber	-
	Registration Division of The Centre 2415 N. M.	on Section f Corporat e of Tallah	assee et, Suite 810	·:		MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporation 27	as	
Please		ayable to: I	ollowing amous FLORIDA DE \$78.75 Filing Certificate of	PARTME. g Fee &	□ \$78.7	ATE 5 Filing Fee & fied Copy	Ce	7.50 Filir rtificate (rtified C	of Status &

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. Blue	Air Training Co	(P	
(Enter name of	corporation; must include "INCORPORAT	Eb," "COMPANY," "CORPORATION	•
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting	business in Florida)
1 .			
(State or country	y under the law of which it is incorporated	(FEI number, if app	licable)
4. 31	II 2022 of incorporation)	5	
6. No busine	ess has been conducted i	under Blue Air Training	Corp in FL yet.
	i Date first transacted busine	ess in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability	
750	4475 Jacque Mail	anden Pd. Person	la FL 32504
7. 4002	(Principal	garden Rdi Pensaco	1
7587	Las Vegas Blvd S. (Current ma	Stc 104 Las Vegas, 1	NV 89123
	(Current ma	ailing address, if different)	
			202 S.E.
8. Name and street	address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	FT 12022 JUNE 5-57 FT
Name:	Registered Agents, INc.		
Office Address:	7901 4th St. N STE 300		
Office Hadioss.	St Petershurg	Florida 33702	- III
	St. Petersburg (City)	(Zip code)	<u></u>
O. D. Hatawad ama	etle cogentance:		1 • 1
9. Registered age Having been name	d as registered agent and to accept se	rvice of process for the above stated c	corporation at the place
designated in this i	application, I hereby accept the appoin mply with the provisions of all statute	ntment as registered agent and agree	to act in this capacity. T
and I am familiar	with and accept the obligations of my	position as registered agent.	
	R-01		
	Dec 1	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.

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

A. DIRECTORS	-	: :	
□Chairman	Name: James Borlow	□Chairman	Name:
□Vice Chairman	Address: 7582 Las Vegas Blvd S	□Vice Chairman	Address:
□Director	<u>Ste 104</u>	Director	
□President	Las Vegas, NV 89123	□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
MOther CEC)	□Other	Other
□Chairman	Name: Gretchen Borlow	□Chairman	Name:
□ Vice Chairman	Address: 7582 Las Vegas Bluds	□Vice Chairman	Address:
□Director	Ste 104	□Director	
□President	Las Vegas, NV 89123	□President	
□Vice President		□Vice President	
Secretary	☐ Treasure:	□Secretary	□Treasurer
Other	□Other	Other	Other
Other	Other	Other	Other
Other	Name:	□Other	Name:
□Chairman			
□Chairman	Name:	□Chairman	Name:
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:
□Chairman □Vice Chairman □Director □President	Name:	□Chairman □Vice Chairman □Director	Name:Address:
□Chairman □Vice Chairman □Director □President	Name: Address:	□Chairman □Vice Chairman □Director □President	Name:Address:
□Chairman □Vice Chairman □Director □President □Vice President	Name:Address:	□Chairman □Vice Chairman □Director □President □Vice President	Name:Address:
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □Important Notice: Individuals may be	Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □hment will be imagent of State Annual Re	Name:Address:
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □Important Notice: Individuals may be 12. □ The officer or direct	Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □hment will be imagent of State Annual Resident □Officer	Address:
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □Important Notice: Individuals may be 12. □ The officer or direct	Name:	□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other □ himent will be image at of State Annual Resident □ Officer □ Tabove) affirms the ment of State constitution	Address:



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

DELAWARE, DO HEREBY CERTIFY "BLUE AIR TRAINING CORP." 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 ELEVENTH DAY OF MARCH, A.D. 2022.

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



Authentication: 202887413

Date: 03-11-22