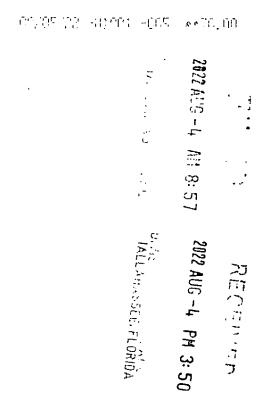
# F22000004914

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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S. ROBERTS AUG - 4 2022

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	CERTIFIED COPY				
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	FILING	FOREIGN INC			
<u>P</u>	HOENIX AIR GROU	JP, INC UMENT #)			
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# 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. PHOENIX AIR	GROUP, INC.		
(Enter name of c "Inc.," "Co.," "Co	orporation; must include "INCORPORATE! orp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"	•
Georgia	able in Florida, enter afternate corporate nam	e adopted for the purpose of transacting business in Florida)	-
2	y under the law of which it is incorporated)	(FEI number, if applicable)	-
4/25/1985	y make the law of which it is incorporated)	Perpetual	
4	of incorporation)	(Date of duration, if other than perpetual)	-
6	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	-
7. 100 Phoenix Air	Drive, Cartersville, GA 30120		_
	(Principal o	ffice street address)	· ~ .
	(Current mail	ling address, if different)	ZAI
9 Name and stee	et address of Florida assistant appart. (P	IO Boy NOT assessed.	ं ह
o. Name and succ	et address of Florida registered agent: (P	O. Box NOT acceptable)	1 +
Name:	Registered Agent Solutions, Inc.	<del></del>	
Office Address:	155 Office Plaza Dr. Suite A		R
	Tallahassee	, Florida 32301 (Zip code)	တ္
	(City)	(Zip code)	57
Having been nam designated in this further agree to c	a application, I hereby accept the appoint tomply with the provisions of all statutes with and accept the obligations of my provided the control of the cont		icity. I
	(Registered agent's	signature)	
the Department o	certificate of existence duly authenticate f State, by the Secretary of State or other which it is incorporated.	ed, not more than 90 days prior to delivery of this applic official having custody of corporate records in the juris	ation to adjection
11. For initial index	ting purposes, list names, titles and addresses o	f the primary officers and/or directors [up to six (6) total]:	UPCI

	•				
·	A. DIRECTORS	1 .			
	⊟Chairman	Name: Made H.	Thingson	[]Chairman	Name: Kandall H. Days
	□Vice Chairman	Address: 100 Pho	en:x Arc	☐Vice Chairman	Address: 100 Phoenix Arr
	Prector	Dr. Sc2_	<u> </u>		Dr.Sus
	President	Cartersville,	Ga	C)President	Cartersville, Cra
	□Vice President	30170		ØVice President	30120
	☐Secretary:	☐ Treasum	त	☐ Secretary	☐Treasurer
	□ Other		<del></del>	Worker Gonera	L'avasel Other
	□Chairman	Name: Dat U.T	1	<b>5</b>	A stad II
		Address: 100 Anoe	L L	□ Chairman	Name: A Stephen Harrison
		^			Address: (Des Phoenix Ax
	1	Pr. Sc	<del></del>	Percur	Oc. Sw
		Cartersu:(L	,		Cartersville, Ga
	ice President	30170		Dice President	30,70
	☐ Secretary	☐Treasure	<del>a</del>	☐ Secretary	Peasurer
	Zinther (DO	Other _	<del></del>	□Other	
	□Chairman	Name: Calent F. 9	Sacey_	□ Chairman	Name: Steven Christoda
	□Vice Chairman	Address: 100 Ph	seniz A.	☐ Vice Chairman	Address: LOW Pleasury An
	□Director	Or. Su	· · · · · · · · · · · · · · · · · · ·	□Director	Or. S.
	□President	Carterulle	· lya	☐ President	Caterville, an
	Dice President	30120			30120
	☐ Secretary	☐Treasure	र .	☐ Socretary	☐Treasurer
	□Other		<u></u>	□Other	
	Important Maria et E		$\mathbb{A}$		
	individuals may be	added to the index when filin	ore than six (6). The attact a year Florida Departmen	ment will be imaged of Suite Annual Re	for reporting purposes only. Non-indexed port form.
	12		Signature of Disease	Officeri	·
	The officer or direct	tor signing this document (ex-	Signature of Director or	,	at the facts stated herein are true and that he or
	she is aware that fall s.817.155, F.S.	se information submitted in a	document to the Departm	ent of State constitut	at the facts stated herein are true and that he or tes a third degree felony as provided for in
	13. <u>De</u> r	A U. Tho	MPSO-1		
		(Typed or printed na	me and capacity of person	signing application)	

Control Number: J506556

### STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### PHOENIX AIR GROUP, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23326576 Date Inc/Auth/Filed: 04/25/1985 Jurisdiction : Georgia Print Date : 07/29/2022

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State