

✓ 22 000006232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

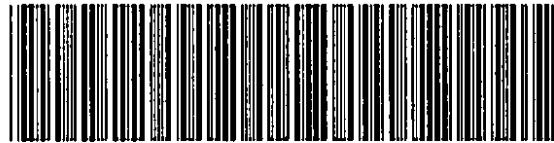
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22-112313  
2nd reg 006947  
W22-105260  
006947  
006947

Office Use Only



500392324395

08/12/22--01011--016 \*\*70.00

2022 OCT -6 PM 4:44

S. FRANKLIN

OCT 07 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRO AVIATION HELICOPTERS CORP

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:

Paulo FActor

Name of Person

Safety Tax & Bookkeeping

Firm/Company

4307 Vineland Rd. Suite H-7

Address

Orlando, FL 32811

City/State and Zip code

safety@safetytax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulo FActor

at (407) 888-4747

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**

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

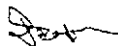
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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. PRO AVIATION HELICOPTERS CORP  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- PRO AVIATION USA HELICOPTERS CORP  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 881896796  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/19/2022 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. August 2022  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4307 Vineland Rd, Suite H7 - Orlando, FL 32811  
(Principal office street address)
- 4307 Vineland Rd, Suite H7 - Orlando, FL 32811  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Network For Pro LLC
- Office Address: 4307 Vineland Rd, Suite H7  
Orlando , Florida 32811  
(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.*



(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]:

2022 OCT -6 PM 4:14

# A. DIRECTORS

☒ Chairman Name: GASPAR FERNANDE BARBOSA

☐ Vice Chairman Address: 4307 VineLand Rd,

☐ Director STE H7, ORLANDO

☐ President FL, 32811

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_


☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ 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.

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.

13. GASPAR FERNANDES BARBOSA  
(Typed or printed name and capacity of person signing application)

2022 OCT -6 PM 4:44

# Delaware

The First State

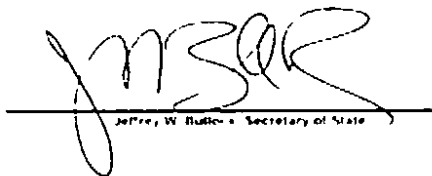
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRO AVIATION HELICOPTERS 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRO AVIATION HELICOPTERS CORP" WAS INCORPORATED ON THE NINETEENTH DAY OF APRIL, A.D. 2022.

2022 08-24-6 PM 4:14



  
Jeffrey W. Bullock, Secretary of State

6742503 8300

SR# 20223348554

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204238043

Date: 08-24-22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2022

PAULO FACTOR  
4307 VINELAND RD STE H-7  
ORLANDO, FL 32811 US

SUBJECT: PRO AVIATION HELICOPTERS CORP  
Ref. Number: W22000112313

We have received your document for PRO AVIATION HELICOPTERS CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 822A00019606

RECEIVED  
OCT 06 2022