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S. ROBERTS FEB 1 5 2023

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	GB AIRLINK, INC.			
		ne of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign f Existence," or "Certification to the foreign corporation to	ate of Good Stand	ling" and check are subm	
Please return	all correspondence conce	rning this matter	to the following:	
Brittney A. Ha	asenbeck, Paralegal			
		Name of P	Person	
Gentry Locke	Rakes & Moore, LLP			
		Firm/Comp	oany.	
10 Franklin Ro	oad, SE. Suite 900			
		Addre	88	
Roanoke, VA	24011			
		City/State an	id Zip code	
deanna@flygb				
	E-mail addr	ess: (to be used fo	or future annual report no	itification)
For further in	formation concerning this	s matter, please ca	ull:	
Brittney A. Ha	asenbeck, Paralegal	at (983-9326	
Nam	e of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make cl □ \$70.00 Fil	_	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

GB AIRLINK	, INC.		
(Enter name of "inc.," "Co.," "	corporation; must include "INCORPORATED," ' Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unava	ilable in Florida, enter alternate corporate name ad-	opted for the purpose of transacting bu	siness in Florida)
2. Delaware	3		
(State or coun 10/22/1996		(FEI number, if applica	
	e of incorporation)	(Date of duration, if other than	perpetual)
7. 100 E. Main Str	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1503 eet, Salem, Virginia 24153 (Principal office	, F.S., to determine penalty liability)	20
	ζ μ		2023 F
	(Current mailing a	address, if different)	· o
8. Name and stre	eet address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	P
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road	_	. ය ඉ
	Plantation	, Florida	
	(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)

Kathryn A. W. & doer, Asst. Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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					
□Chairman	Name:	□ Chairman	Name: Colon Miller		
□Vice Chairman	Address:	□Vice Chairman	Address:		
■ Director	Salem, Virginia 24153	⊞ Di;ector	Salem, Virginia 24153		
President		□President			
□Vice President		□Vice President			
□ Secretary	☐ Treasurer	Secretary	Treasurer		
□Other	Other	Other COO	□Other		
□ Chairman	Brian J. Taylor	C)Chairman	Name:		
□Vice Chairman	100 E. Main Street	□Vice Chairman	Address: 100 E. Main Street		
■ Director	Salem, Virginia 24153	Director	Salem, Virginia 24153		
□President		□ President			
□Vice President		□Vice President			
□ Secretary	Treasurer	■ Secretary	☐ Treasurer		
110ther	CFO ■ Other	DOther	Other		
□ Chairman	Name:	∰Chairm a n	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		ODitector			
President		□President			
□Vice President		□ Vice President			
□Sccretary	□ Treasurer	□ Secretary	□Treasurer		
Other	C)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 Autual 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. Deanna B. V	Weld - President				





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

DELAWARE, DO HEREBY CERTIFY "GB AIRLINK, 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 SIXTEENTH DAY OF JANUARY, A.D. 2023.



Authentication: 202501091

Date: 01-16-23