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(Requestor's Name) (Address) (Address)	300405820063
(City/State/Zip/Phone #)	2023
(Document Number) Certified Copies Certificates of Status	APR 17 AH 9: 34
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	M. SOLOMON APR 2 0 2023

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

Incorporating Services, Ltd.

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

PLEASE PERFORM THE FOLLOWING SERVICES: SKYWAY TECHNOLOGIES CORP (FL)

File the attached foreign qualification document

NOTES:______ \$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section Division of Corporations

Name of corporation - must include suffix

Dear Sir or Madam:

•

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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:

Carolyn Craven

Carolyn Claven							D 3	
	Name	of Person					023	
SKYWAY TECHNOLOGIES, CORP							2023 APR 17	•
Name of Person SKYWAY TECHNOLOGIES, CORP. Firm/Company 5273 Sierra Springs Address Ollock Pines, CA 95726 City/State and Zip code ceraven@goskyway.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carolyn Craven Name of Person MAILING ADDRESS: MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314							~	i
5273 Sierra Springs								Ĩ
	Ac	idress					<u></u>	ī
Pollock Pines, CA 95726						<u>5:-</u> 57	AM 9: 34	
	City/Stat	te and Zip	code			<u> </u>	+	
ccraven@goskyway.com								
E-mail a	ddress: (to be use	ed for futu	re annual report	notific	cation)			
For further information concerning	this matter, pleas	se call:						
Carolyn Craven	925 at () 200	9-1433					
Name of Person	Area C	Code	Daytime Telep	hone	Number			
STREET/COURIER AD	DRESS:		MAILING A	ADDR	ESS:			
					ations			
	·							
2415 N. Monroe Street, Su Tallahassee, FL 32303	ne 810		Tallahassee, I	FL 32	1314			
Enclosed is a check for the following								
Please make check payable to: FLORI								
	5 Filing Fee & ficate of Status		75 Filing Fee & fied Copy		\$87.50 Filing Certificate of Certified Cop	f Status &	2	

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.

SKYWAY TECHNOLOGIES, CORP.

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

SKYWAY AERONAUTICS CORP

1.

Delaware		3. 8	36-2537389
(State or countr	y under the law of which it is incorporated)	_	(FEI number, if applicable)
3/9/2021		5.	
(Date	of incorporation)		(Date of duration, if other than perpetual)
			Florida, if prior to registration) 2, F.S., to determine penalty liability)
5273 Sierra Sprin	gs, Pollock Pines, CA 95726		
	(Principal o	the	e <u>street</u> address)
4460 Redwood F	wy, Suite 16-506, San Rafael, CA 94903		
	(Current mai	ling	address, if different)
Name and <u>stree</u> Name:	t address of Florida registered agent: (P Incorporating Services, Ltd.	°.O.	Box <u>NOT</u> acceptable)
fice Address:	1540 Glenway Drive		
	Tallahassee		, Florida <u>32301</u>
	(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.

Heliss (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.

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□Chairman	Clifford Fernandez Name:	□ Chairman	Konrad Grutzmacher Name:			
□Vice Chairman	5273 Sierra Springs	□Vice Chairman		Address:		
Director	Pollock Pines CA 95726	Director	Berkeley, CA 94710			
□President		□President			·	<u> </u>
□Vice President		□Vice President	<u> </u>			
Secretary	□Treasurer	Secretary		Treasurer		
■Other	🗋 Other	□Other	Other			
Chairman	Name:	□Chairman	Name: _	Richard Gephardt		
□Vice Chairman	Address:	□Vice Chairman	Name:6597 Nicholas Blvd			
Director	Chester NY 10918	Director	Naples	FL 34108		
□President		□President				
□Vice President		□Vice President				2023
Secretary	□Treasurer			□Treasurer		APR 17 AM
Other	Other	□Other		□Other	0.155	1 11
□Chairman	Name:	□Chairman	Name: _		T DSD -	1M 9: 34
□Vice Chairman	Address:	⊡Vice Chairman	Address			
Director		Director	<u></u>			
President		President				
□Vice President		□Vice President				
Secretary	Treasurer			□Treasurer		
□Other	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 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.

Clifford Fernandez



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKYWAY TECHNOLOGIES, 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 FOURTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYWAY TECHNOLOGIES, CORP." WAS INCORPORATED ON THE NINTH DAY OF MARCH, A.D. 2021.

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



of State

Authentication: 203144410 Date: 04-14-23

SR# 20231451909 You may verify this certificate online at corp.delaware.gov/authver.shtml



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2023

INCORPORATING SERVICES, LTD.

SUBJECT: SKYWAY TECHNOLOGIES CORP Ref. Number: W23000056143 Please honor the original submission date as the file date, thanks? :)

We have received your document for SKYWAY TECHNOLOGIES CORP. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Mel Solomon Senior Section Administrator

Letter Number: 723A00008676

Preuse nener the cirjunal submission date as the file date , thanks ! .)



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