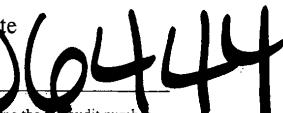


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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# FOREIGN PROFIT/NONPROFIT CORPORATION M S N AIR SERVICE INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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#### STATE OF NEW YORK

## DEPARTMENT OF STATE

### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: M S N AIR SERVICE INC.

DOS ID Number: 2728008

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/06/2002

Statement Status: PAST DUE DATE

Statement Due Date: 02/29/2020

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 15, 2023 at 11:27 A.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004670088 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.nv.gov

# 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 . /	,	adopted for the purpose of transacting b	daniesa m Piorica)
NY	under the law of which it is incorporated)	(FEI number, if applie	
		(FEI number, if applie	cable)
02/06/2002 5.		(Date of duration, if other than	
(Date o	fincorporation)	(Date of duration, if other than	n perpetual)
		in Florida, if prior to registration) 502, P.S., to determine penalty liability)	
9340 V	VEST 33 WAY, HIALEAH, FL 33	018	
	(Principal of	fice street address)	
		·	
	(Current mail	ng address, if different)	<del> </del>
Name and street	·	ng address, if different)	
	(Current mail: address of Florida registered agent: (P. ROOPNARINE SINGH	ng address, if different)	
Name:	address of Florida registered agent: (P.	ng address, if different)	(S N
	address of Florida registered agent: (P. ROOPNARINE SINGH	ng address, if different)  O. Box NOT acceptable)	2023 N SECRI
Name:	address of Florida registered agent: (P. ROOPNARINE SINGH 9340 WEST 33 WAY	ng address, if different)	2023 NOV SECRETA TALLA
Name:	address of Florida registered agent: (P. ROOPNARINE SINGH  9340 WEST 33 WAY  HIALEAH  (City)	ng address, if different)  O. Box NOT acceptable)	SECRETARY TALLAHA
Name:  ffice Address:  Registered agen	address of Florida registered agent: (P. ROOPNARINE SINGH 9340 WEST 33 WAY  HIALEAH  (City)	ng address, if different)  O. Box NOT acceptable) , Florida 33018  (Zip code)	SECRETARY OF PORTUGE O
Name: fice Address:  Registered agentisting been name signated in this a	address of Florida registered agent: (P. ROOPNARINE SINGH  9340 WEST 33 WAY  HIALEAH  (City)  It's acceptance: It as registered agent and to accept seriopplication, I hereby accept the appoint	O. Box NOT acceptable)  , Florida 33018 (Zip code)  clee of process for the above stated coment as registered agent and agree to	to action this capaci
Name: fice Address:  Registered agentiving been name signated in this arther agree to con	address of Florida registered agent: (P. ROOPNARINE SINGH 9340 WEST 33 WAY  HIALEAH  (City)  It's acceptance: If as registered agent and to accept series.	ng address, if different)  O. Box NOT acceptable) , Florida 33018  (Zip code)  clee of process for the above stated coment as registered agent and agree to relative to the proper and complete p	to action this capaci

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, ritles and addresses of the primary officers and/or directors [up to six (6) total]:

20004/0004 P.002/002

A. DIRECTORS  Chairman  Vice Chairman  Director  President  Vice President  Secretary  Other	HIALEH, FL 33018	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	☐ Treasurer				
□ Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□ Director		Director					
□ President		☐ President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	☐ Socretary	☐ Treasurer				
Other		Other	□ Other				
☐ Chairman	Name:	☐Chairman	Name:				
	Address:		Address:				
□ Director		□ Director					
President		□ President □ Vice President					
☐ Vice President ☐ Secretary	☐ Tressurer	□ 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.  ROOPNARINE SINGH							

(Typed or printed name and capacity of person signing application)

11/14/2023 THE 18:37 ITY/RY NO 80871 70002