Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address:____

dvidrine@mainsailcs.com



FOREIGN PROFIT/NONPROFIT CORPORATION UNICAL AVIATION INC

Certificate of Status	0
Certified Copy	1
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From: Kaity Toon

DocuSign Envelope ID: C61844C9-E35C-4D4E-A8AB-369DADA78964

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. Unical Aviation			
	orporation, must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	." "COMPAN	'Y," "CORPORATION,"
(If name unavaila			ne purpose of transacting business in Florida)
3 California	, California 3		(FEI number, it applicable)
(State or country	y under the law of which it is incorporated)	·	(FEI number, if applicable)
February 16, 199	90 5		
••	of incorporation)	(Da	te of duration, if other than perpetual)
6.			
7 15132 W Camelb	(Date first transacted business (SEE SECTIONS 607,1501 & 607,1 ack Rd., Glendale, AZ 85340		
/· <u></u>	(Principal of	fice <u>street</u> addi	ess)
	(Current maili	ng address, if c	lifferent)
8. Name and stree	t address of Florida registered agent: (P.	O. Box <u>NOT</u>	_acceptable)
Name:	CT Corporation System	····	
Office Address:	1200 South Pine Island Road		
	Plantation	, F1.	33324
	(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.

By:	C T Corporation System	Danie Bell	Denise Bell, Assistant Secretary
	(Regist	ered 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]:

From: Kaity Toon

DocuSign Envelope ID: C61844C9-E35C-4D4E-A8AB-369DADA7B964

Sharon Green Chairman Name.	☐ Chairman Name.
□Vice Chairman Address 15132 W Camelback Rd	□Vice Chairman Address 15132 W Camelback Rd
□Director Glendale, AZ 85340	Glendale, AZ 85340 □Director
□Presideni	□President
TVice President	ElVice President
TSecretary TTreasurer	□Secretary □Treasurer
CEO DOther	CFO □Other □
□Chaitman Name. Mary Ann Sigler	John Holland [] Chairman Name:
□Vice Chairman Address: 360 North Crescent Drive	□Vice Chairman Address: 360 North Crescent Drive
South Building,	Director South Building.
Beverly Hills, CA, 90210	□President Beverly Hills, CA, 90210
TiVice President	(FVice President
□Secretary □Treasurer	■Secretary □Treasurer
□Other	□Other
	Barbara Velasco
□Chairman Name.	□Chairman Name: Barbara Velasco
□Vice Chairman Address: 360 North Crescent Drive	□Vice Chairman Address. 360 North Crescen Prive
South Building. □Director	Director South Building.
□President Beverly Hills, CA, 90210	□ Beverly Hills, CAT90210 □ □
.∏Vice President	□Vice President
☐ Secretary ☐ Treasurer	□Secretary □Treasurer
■Other Asst Treasurer □Other □	OtherOther
Important Notice: Use an attachment to report more than six (6). The at individuals may be added to the index when filing your Florida Departs	tachment will be imaged for reporting purposes only. Non-indexedment of State Annual Report form.
12 Angle Val. Signature of Director	()Years
The officer or director signing this document (and who is listed in numbers is aware that false information submitted in a document to the Deposit St. 155, F.S.	per 11 above) affirms that the facts stated herein are true and that he
(Typed or printed name and capacity of pe	con insing analication)
(Typed or printed name and capacity of pe	200 arguing approachon)

To: Page: 5 of 5 2024-01-23 05.52:58 PST 19548277645 From: Keity Toon



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: UNICAL AVIATION INC.

Entity No.: 1477133 **Registration Date:** 02/16/1990

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 10, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 172384535

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.