Florida Department of State
Division of Corporations
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H24000356220 3ABCr

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : J&K ACCOUNTING SERVICES LLC
Account Number : I20200000194
Phone : (786)448-3851
Fax Number : (123)456-789

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
SKY HIGH AVIATION SERVICES DOMINICANA SA CORP

Certificate of Status	0
Certified Copy	0
Page Count	10
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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. SKY HIGH AVIATION SERVICES DOMINICANA SA CORP
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DOMINICAN REPUBLIC
(State or country under the law of which it is incorporated)

3. 98-1805766
(FEI number, if applicable)

4. 01/03/2011
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3399 NW 72 nd Ave Suite 115, Miami, FL 33122
(Principal office **street** address)

3399 NW 72 nd Ave Suite 115, Miami, FL 33122
(Current mailing address, if different)

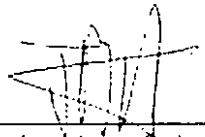
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JUAN BAUTISTA CHAMIZO ALONSO

Office Address: 3399 NW 72 nd Ave Suite 115

Miami (City), Florida 33122 (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]:

A. DIRECTORS

☐Chairman	Name: CESARINA V. BEAUCHANPS	☐Chairman	Name:
☐Vice Chairman	Address: CALLE JUAN SANCHEZ	☐Vice Chairman	Address:
☐Director	RAMIREZ NO 28 GAZCUE, DISTRITO	☐Director	
■President	NACIONAL, RD	☐President	
☐Vice President		☐Vice President	
☐Secretary	☐Treasurer	☐Secretary	☐Treasurer
☐Other	☐Other	☐Other	☐Other

☐Chairman	Name: VILMA CHAMIZO ALONSO	☐Chairman	Name:
☐Vice Chairman	Address: CALLE JUAN SANCHEZ	☐Vice Chairman	Address:
☐Director	RAMIREZ NO 28 GAZCUE, DISTRITO	☐Director	
☐President	NACIONAL, RD	☐President	
■Vice President		☐Vice President	
☐Secretary	☐Treasurer	☐Secretary	☐Treasurer
☐Other	☐Other	☐Other	☐Other

☐Chairman	Name: JUAN B. CHAMIZO ALONSO	☐Chairman	Name:
☐Vice Chairman	Address: 3399 NW 72 nd Ave Suite 115	☐Vice Chairman	Address:
☐Director	Miami FL 33122	☐Director	
☐President		☐President	
☐Vice President		☐Vice President	
■Secretary	☐Treasurer	☐Secretary	☐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.

13. Juan B. Chamizo Alonso

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

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A. DIRECTORS

☐Chairman	Name: ALFREDO CASTILLA	☐Chairman	Name:
☐Vice Chairman	Address: 3399 NW 72 nd Ave Suite 115	☐Vice Chairman	Address:
■Director	MIAMI FL 33122	☐Director	
☐President		☐President	
☐Vice President		☐Vice President	
☐Secretary	☐Treasurer	☐Secretary	☐Treasurer
☐Other	☐Other	☐Other	☐Other

☐Chairman	Name:	☐Chairman	Name:
☐Vice Chairman	Address:	☐Vice Chairman	Address:
☐Director		☐Director	
☐President		☐President	
☐Vice President		☐Vice President	
☐Secretary	☐Treasurer	☐Secretary	☐Treasurer
☐Other	☐Other	☐Other	☐Other

☐Chairman	Name:	☐Chairman	Name:
☐Vice Chairman	Address:	☐Vice Chairman	Address:
☐Director		☐Director	
☐President		☐President	
☐Vice President		☐Vice President	
☐Secretary	☐Treasurer	☐Secretary	☐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.

13. Juan B Chamizo Alonso
(Typed or printed name and capacity of person signing application)

República Dominicana

MINISTERIO DE RELACIONES EXTERIORES

Viceministerio para Asuntos Consulares y Migratorios

Dirección de Legalización de Documentos

APOSTILLA

(Convention de la Haye du 5 octobre 1961)

1.País: Country / Pays	REPÚBLICA DOMINICANA

El presente documento público

This public document / Le présent acte public

2.Ha sido firmado por: Has been signed by / A été signé par	SANTIAGO E MEJIA ORTIZ
3.Quien actúa en calidad de: Acting in the capacity of / Agissant en qualité de	REGISTRADOR MERCANTIL
4.Y está revestido del sello / timbre de: Bears the seal / stamp of Est revêtu du sceau / timbre de	CÁMARA DE COMERCIO Y PRODUCCION DE SANTO DOMINGO

Certificado

Certified / Attesté

5.En: At / A	SANTO DOMINGO	**6.El día:** The / Le	16/10/2023
7.Por: By / Par	OPINIO ANTONIO DIAZ VARGAS - VICEMINISTRO ASUNTOS CONSULARES Y MIGRATORIOS	**8.Bajo el número:** N° / Sous°	AP-2023-10-16-595
9.Sello / Timbre: Seal / Stamp Sceau / Timbre		**10.Firma:** Signature	

Verificación

Verification / Vérification

País Destino:	ESTADOS UNIDOS DE AMERICA	**Código de verificación:**	DHLUUXGRZDRAS79

Esta Apostilla certifica únicamente la autenticidad de la firma, la calidad en que el signatario del documento haya actuado, y en su caso, la identidad del sello o timbre del que el documento público está revestido.

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Ave. 27 de Febrero No. 228. La Esperilla, Torre Friusa, D.N. Código Postal 10106
Tel:809-682-2688 Email:servicioalcliente@camarasantodomingo.do www.camarasantodomingo.do RNC:401023687

AP-2023-10-16-595

CAMARA
COMERCIO Y PRODUCCION
SANTO DOMINGO

registro
mercantil

ESTE CERTIFICADO FUE GENERADO ELECTRÓNICAMENTE Y CUENTA CON UN CÓDIGO DE VERIFICACIÓN QUE LE PERMITE SER VALIDADO INGRESANDO A WWW.CAMARASANTODOMINGO.DO

EL REGISTRO MERCANTIL DE LA CÁMARA DE COMERCIO Y PRODUCCIÓN DE SANTO DOMINGO DE CONFORMIDAD CON LA LEY NO. 3-02 DEL 18 DE ENERO DEL 2002, EXPIDE EL SIGUIENTE:

CERTIFICADO DE REGISTRO MERCANTIL SOCIEDAD ANÓNIMA - S.A.

REGISTRO MERCANTIL NO. 178977SD

DENOMINACIÓN SOCIAL: SKY HIGH AVIATION SERVICES DOMINICANA, S.A

SOCIEDAD ANÓNIMA - S.A. **RNC:** 1-30-77910-4

FECHA DE EMISIÓN: 15/10/2021 **FECHA DE VENCIMIENTO:** 15/10/2025

SIGLAS: **NO REPORTADO**

NACIONALIDAD: **REPÚBLICA DOMINICANA**

CAPITAL SOCIAL: **RD$30,000,000.00**

CAPITAL SUSCRITO Y PAGADO: **RD$30,000,000.00**

MONEDA: **DOP**

FECHA ASAMBLEA CONSTITUTIVA/ACTO: **1/3/2011**

FECHA ÚLTIMA ASAMBLEA: **25/7/2022**

DURACIÓN DE LA SOCIEDAD: **INDEFINIDA**

DOMICILIO DE LA SOCIEDAD:

CALLE: **FILOMENA GOMEZ DE COVA NO. 3, SUITE 1401, PISO 14, EDIFICIO CORPORATIVO 2015**

SECTOR: **PIANTINI**

MUNICIPIO: **DISTRITO NACIONAL**

DATOS DE CONTACTO DE LA SOCIEDAD:

TELÉFONO (1): **(809) 696-7966**

TELÉFONO (2): **NO REPORTADO**

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CORREO ELECTRÓNICO: **NO REPORTADO**

FAX: **NO REPORTADO**

PÁGINA WEB: **NO REPORTADO**

ACTIVIDAD DE LA SOCIEDAD: **SERVICIO**

OBJETO SOCIAL: **SERVICIOS DE CONSULTORIA Y ASESORIA EN EL AREA DE TRANSPORTE, ASI COMO TAMBIEN OFRECER SERVICIOS DE TRANSPORTE AEREO, MARITIMO Y TERRESTRE DE PERSONA Y CARGAS Y MERCANCIAS A NIVEL NACIONAL E INTERNACIONAL Y AGENCIA DE VIAJE INTERNACIONAL.**

PRINCIPALES PRODUCTOS Y SERVICIOS: **CONSULTORIA Y ASESORIA EN EL AREA DE TRANSPORTE, TRANSPORTE DE PERSONA Y CARGAS Y MERCANCIAS**

SISTEMA ARMONIZADO (SA): **NO REPORTADO**

ACCIONISTAS:

NOMBRE	DIRECCIÓN	RM/CÉDULA /PASAPORTE	NACIONALIDAD	ESTADO CIVIL
JUAN BAUTISTA CHAMIZO ALONSO	CALLE JUAN SANCHEZ RAMIREZ NO. 23, GAZCUE, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	031-0501076-7	DOMINICANA	Soltero/a
VILMAN CHAMIZO ALONSO	CALLE JUAN SANCHEZ RAMIREZ NO. 28, GAZCUE, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	402-2019630-3	CUBANA	Soltero/a

CANTIDAD ACCIONISTAS: En el presente certificado figuran 2 de 2 accionistas.

CANTIDAD DE ACCIONES: 300,000

CONSEJO DE ADMINISTRACIÓN:

NOMBRE	CARGO	DIRECCIÓN	RM/CÉDULA /PASAPORTE	NACIONALIDAD	ESTADO CIVIL
VILMAN CHAMIZO ALONSO	Vicepresidente	CALLE JUAN SANCHEZ RAMIREZ NO. 28, GAZCUE, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	402-2019630-3	CUBANA	Soltero/a
CESARINA VIRGINIA	Presidente	CALLE JUAN SANCHEZ RAMIREZ NO. 28, GAZCUE, DISTRITO	001-1820369-4	DOMINICANA	Soltero/a

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BEAUCHANPS BENCOSME		NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA			
JUAN BAUTISTA CHAMIZO ALONSO	Secretario	CALLE JUAN SANCHEZ RAMIREZ NO. 28, GAZCUE, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	031-0501076-7	DOMINICANA	Soltero/

DURACIÓN CONSEJO DE ADMINISTRACIÓN: 1 AÑO(S)

ADMINISTRADORES/PERSONAS AUTORIZADAS A FIRMAR:

NOMBRE	DIRECCIÓN	RM/CÉDULA /PASAPORTE	NACIONALIDAD	ESTADO CIVIL
CESARINA VIRGINIA BEAUCHANPS BENCOSME	CALLE JUAN SANCHEZ RAMIREZ NO. 28, GAZCUE, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	001-1820369-4	DOMINICANA	Soltero/a
VILMAN CHAMIZO ALONSO	CALLE JUAN SANCHEZ RAMIREZ NO. 28, GAZCUE, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	402-2019630-3	CUBANA	Soltero/a
JUAN BAUTISTA CHAMIZO ALONSO	CALLE JUAN SANCHEZ RAMIREZ NO. 28, GAZCUE, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	031-0501076-7	DOMINICANA	Soltero/a

COMISARIO(S) DE CUENTA(S) (SI APLICA):

NOMBRE	DIRECCIÓN	RM/CÉDULA /PASAPORTE	NACIONALIDAD	ESTADO CIVIL
DOMINGO REYES PEREZ	AV. 27 DE FEBRERO ESQ. W. CHURCHILL, PIANTINI, DISTRITO NACIONAL, DISTRITO NACIONAL, REPÚBLICA DOMINICANA	001-1115626-1	DOMINICANA	Soltero/a

ÓRGANO LIQUIDADOR:

NO REPORTADO

NOMBRE	CARGO	DIRECCIÓN	RM/CÉDULA /PASAPORTE	NACIONALIDAD	ESTADO CIVIL

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ENTE REGULADO: NO REPORTADO

NO. RESOLUCIÓN: NO REPORTADO

TOTAL EMPLEADOS: 0 **MASCULINOS:** 0 **FEMENINOS:** 0

SUCURSALES/AGENCIAS/FILIALES:
NO REPORTADO

NOMBRE(S) COMERCIAL(ES)

NOMBRE	NO. REGISTRO
SKY HIGH AVIATIONS SERVICES	302369
SKY HIGH AVIATION SERVICES DOMINICANA	655172

REFERENCIAS COMERCIALES
NO REPORTADO

REFERENCIAS BANCARIAS
BANCO BHD LEON, S. A.
BANCO DE RESERVAS
BANCO POPULAR DOMINICANO

COMENTARIO(S)

NO POSEE

ACTO(S) DE ALGUACIL(ES)

NO POSEE

ES RESPONSABILIDAD DEL USUARIO CONFIRMAR LA VERACIDAD Y LEGITIMIDAD DEL PRESENTE DOCUMENTO A TRAVÉS DE SU CÓDIGO DE VALIDACIÓN EN NUESTRA PÁGINA WEB: WWW.CAMARASANTODOMINGO.DO

ESTE CERTIFICADO FUE GENERADO ELECTRÓNICAMENTE CON FIRMA DIGITAL Y CUENTA CON PLENA VALIDEZ JURÍDICA CONFORME A LA LEY NO. 126-02 SOBRE COMERCIO ELECTRÓNICO, DOCUMENTOS Y FIRMAS DIGITALES.

Ave. 27 de Febrero No. 228. La Esperilla, Torre Friusa, D.N. Código Postal 10106
Tel:809-682-2688 Email:servicioalcliente@camarasantodomingo.do www.camarasantodomingo.do RNC:401023687

AP-2023-10-16-595

Santiago Mejia Ortiz
Registrador Mercantil

no hay nada más debajo de esta linea

Digitally signed by Santiago Eugenio Mejia Ortiz
Date: 2023.10.03 15:50:20 -04:00