10/24/24, 9:37 AM

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

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.\*\*

vlidstone@avioncousa.com

Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

## Avioneo US Inc.

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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. AVIONCO US LTD. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.") Avionco US LTD. Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3. 75-3091270 (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) Upon Filing (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13485 Veterans Way, Suite 600, Orlando, FL 32827 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: (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.

	C T Corporation System	0.00			
By:	SEAN L. EMERICK, ASSISTANT SECRETARY	Syn Chamb			
(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]:

ord satisfies to deep them return

To: : . Page: 6 of 7 2024-10-31 07:23:37 CST 12122023573 From. David Thomas

A. DIRECTORS						
□Chairman	Michael Dodd Name:	EJChairman	William Noe Name:			
□Vice Chairman	Address: 610, 1414 - 8 Street SW, Calgary	□Vice Chairman	3400 Old Maid Lane SW.			
<b>⊡</b> Director	AB T2R 116 CANADA	Director	Pataskala, OH, 43062 USA			
□President	A STATE OF THE STA	☐President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	□ Secretary	□Treasurer			
Other	[]Other	© Other	Other			
□Chairman	Name:	□ Chairman	Joshua Dodd Name:			
	Address:	□Vice Chainnan	94 Discovery Ridge Way SW Address:			
7200		<b>□</b> Director	Calgary, AB T3H 5H6 CANADA			
C16		□President				
	**************************************	□Vice President				
[] Secretary	□ Treasurer	☐ Secretary	☐ Treasurer			
□Other		COO				
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address: 19 Cedarwood Mews SW			
□Director	mont up representation is a section as a cost of homographic persons as the special persons and the cost of the American	■Director	Calgary, AB T2W 3H6 CANADA			
□ President	different space and management and finite space and finit	∐President				
□ Vice President		□Vice President				
□Secretary	Treasurer	@Secretary	Treasurer			
∐Other	□Other	●Other CF()	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 filling 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. Verna Lidstone - CFO						

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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AVIONCO US LTD." 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2024.

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

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

Authentication: 204690895

Date: 10-22-24