

TRANSMITTAL LETTER

TO:	Qualifi	cation/Tax	Lien	Section
			-	

Division of Corporations

500002539935--8 -05/28/98--01115--003 *****78.75 *****78.75

SUBJECT: Orlando L.A.M.A.R. INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Keith L. Litkett , President (Name of Person)			
(Name of Person) Orlando L. A.M. A.R. INC. (Firm/Company)	SECRE	98 MAY	
(Firm/Company) P.O. Box 621886	TARY OF	Y 29 AM	
(Address) Orlando, FL 32862 (City/State/Zip)	E STATE FLORIDA	910:10	0
(City/State/Zip)			

Should you need to call someone concerning this matter, please call:

Keith L. Litkett

at (407) 294-4101 (Area Code & Daytime Telephone Number

45/28/98

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399 **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.	Orlando L.A.M.A.R. INC. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	Delaware (State or country under the law of which it is incorporated) 3. 52-2089340 (FEI number, if applicable)
4.	March 5, 1998 (Date of Incorporation) 5. <u>lernetual</u> (Duration: Year corp. will cease to exist or "perpetual")
6.	April 15, 1998 FEE 8 FEE
	P.O. Box 621886
	Orlando, FL 32862 (Current mailing address)
8.	Leaseback of light air crafts. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Keith L. Litkett
	Office Address: 6112 Westgate Dr., #203
	Orlando , Florida, 32835 (Zip Code)
10	Registered agent's acceptance:
LT-	wine have remaded as received assert and to assert service of measure for the characteristic

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.

Neith 2. Littlett (Registered agent's signature)

11. 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.

NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Vice Chairman: Address: Director: Keith L. Litkett Address: 6/12 Westgate Dr, #203 Orlando, FL 32835 Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Keith L. Litkett Address: 6112 Westgate Dr., #203 Orlando, FL 32835 Vice President: Address: Secretary: _ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Xall 2. Lillall (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. <u>Ke;th L. L;tkeft</u>

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

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORLANDO L.A.M.A.R. INC." 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 NINETEENTH DAY OF MAY, A.D. 1998.

SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

9090272

DATE:

05-19-98

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