|  | SMITH LETTER (OC  |               |
|--|---|---------------|
| To: Qualification/Tax Lien Section Division of Corporations  | -   |               |
| SUBJECT: Plane I h   | easing Co. Inc.   | <u>.</u>      |
| (Name  | of corporation (must include suffix)  |               |
| Dear Sir or Madam:   | 300003<br>-11/19<br>*****   | /9901077-     |
| The enclosed "Application by Foreign Corp "Certificate of Existence", and check are su transact business in Florida. | poration for Authorization to Transact Business in ibmitted to register the above referenced foreign control. | T1 1 11       |
| Please return all correspondence concerning  | g this matter to the following:   |               |
| Wallace  | (Name of Person)  | -             |
| Plane I. L   | (Firm/Company)  |               |
| Sint Other   | tion Onive W  (Address)   |               |
| 1 Japles, F  | (City/State/Zip)  | 99 NOV        |
| Should you need to call someone concerning   | this matter, please call:   | ILED<br>30 PH |
| ELSA BALESTRIND at   | (941) 403-8312 DA   | 8: 40         |
| (Name of Person)   | (Area Code & Daytime Telephone Number)  | inth          |
| STREET ADDRESS:  | MAILING ADDRESS:  | 12/2          |
| Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Fallahassee, FL 32399                      | Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314                    |               |

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

## 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. (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.) Wiscoms in 3. 39-1913813 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Nrg/85, FL 34104

(Current mailing address) Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Elsa BALESTRINO

Office Address: 240 Aviation Dain M 10. 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.

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.

| 12. Names an  | d addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)  |
|---------------|--|
|               | ORS (Street address only - P.O. Box NOT acceptable)  |
| Chairman:     | Wallow S. Hilliano   |
| Address:      | 240 Avison Daire N.  |
|               | Naples, FL 34104   |
|               | n:   |
| Address:      |  |
|               |  |
| Director:     |  |
| Address:      |  |
|               |  |
| Director:     |  |
| Address:      |  |
| D OFFICE      | RS (Street address only - P.O. Box NOT acceptable)   |
|               | Wallace ) Itilliano ARR ST ARR ST ARREST AND THE STATE OF |
|               | 240 Avianion Davie N.  |
|               | ———————————————————————————————————————  |
|               | Maples, PL 34104 SE & STUPENT Burchill   |
|               | 240 Avinsion Daire H   |
| Address:      | Moder El Zuiou   |
| Secretary:    | Wallers J. Hillians  |
| Address:      | 240 Avioris Dains M  |
|               | Maples FL 34104  |
| Treasurer:    | STUART Bunchill  |
| Address:      | 240 Avianion On N  |
|               | Maples FL 34104  |
| NOTE: If near | essary, you may attach an addendum to the application listing additional officers and/or directors.  |
| 13            | Las Jable  |
|               | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  |
| 14            | (Typed or printed name and capacity of person signing application)   |

→DOM 180 181 185

## United States of America

#### State of Wisconsin



# DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that PLANE I LEASING CO., INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is SEPTEMBER 15, 1997.

I further certify that said corporation has, within its most recently completed report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 1, 1999.

RICHARD L. DEAN, Secretary Department of Financial Institutions

BY: Patria bleker

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