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		SECRETARY OF STATE TALLAHASSEE, FLERIDA
CT Corporation System	-	
Requestor's Name 660 East Jefferson St	reet	
Address		
<u>Tallahassee, FL 32301</u> City State Zip	(850)222-1092 Phone	2000030849925 -12/30/9901079014
	ON(S) NAME	*****70.00 *****70.00
AMCRAGT L	easing, Inc	
ØProfit		
() NonProfit	() Amendment	() Merger
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( ) LLC ( ) Limited Partnership	() Annual Report	() Other ucc Filing () Change of R.A.
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W.P. Verifier		

CR2E031 (1-89)

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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 Aircraft Leasing, 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 3. <u>59-2339061</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4 November 8, 1983 5 Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. TOPON Qualification (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.)
7. 950 SE 12th Street, Hialeah, FL 33010
(Current mailing address)  8 Aircraft Leasing
(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: C T CORPORATION SYSTEM
Office Address: 1200 South Pine Island Road
Plantation, Florida,
10. Registered agent 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 obligation of my position as registered agent.
(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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Anthony C. Tirri
Address: 950 SE 12th Street, Hialeah, FL 33010
Vice Chairman:
Address:
Director: Jean M. Tirri
Address: 950 SE 12th Street, Hialeah, FL 33010
Director: John W. Ebert
Address: 950 SE 12th Street, Hialeah, FL 33010
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Anthony C. Tirri
Address: 950 SE 12th Street, Hialeah, FL 33010
Vice President: John W. Ebert
Address: 950 SE 12th Street, Hialeah, FL 33010
Secretary: Jean M. Tirri
Address: 950 SE 12th Street, Hialeah, FL 33010
Treasurer: John W. Ebert
Address: 950 SE 12th Street, Hialeah, FL 33010
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. John W. Ebert, Exec. V. President/Treasurer/Director (Typed or printed name and capacity of person signing application)

## **ADDENDUM**

 Anthony C. Tirri, Jr., Exec V. President/Assistant Secretary 950 SE 12<sup>th</sup> Street Hialeah, FL 33010

## State of Delaware

PAGE 1

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AIR CRAFT LEASING, 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 TWENTY-NINTH DAY OF

DECEMBER, A.D. 1999.

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.

99 DEC 30 PM 3: 16
SECRETARY OF STATE
TALLAHASSEF FI #PPNA

-

Edward L. Freel, Secretary of State

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AUTHENTICATION:

0168486

991565248

DATE:

12-29-99