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SCORTARY OF STATE ALLAHASSEE, FLORIDA

S. WARREN JUN 2 9 2017

COVER LETTER

ТО;	Registration Section Division of Corporations
SUBJI	Omni Air Transport LLC
CODE	Name of Limited Liability Company
Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Debra Score
	Name of Person
	Omni Air Transport LLC
	Firm/Company
	3217 N Sheridan Road, Hangar 38
	Address
	Tulsa, OK 74115
	City/State and Zip Code
	dscore@flyomni.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Debra Score 918 833-3812 Name of Contact Person Area Code Daytime Telephone Number
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	ed is a check for the following amount:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

4N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

lf uame unavailable, enter niternate name o	dopted for the purpose of transacting business in Flo	rida. The alternate i	name must include "Limited Li	ability Company," "L.L.C," or "LLC.")
2. Oklahoma		3 20-2	2773232	
(Jurisdiction under the law of which f	reign limited liability company is organized)	J	(FEI nur	nber, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F S. to determine	registration.) no penalty liability))	
3217 N Sheridan Road, Ha	ingar 38			angar 38 = 1
(Street Address of Principal Office)		6. 3217 N Sheridan Road, Hangar 38		
Tulsa, OK 74115		Tulsa	a, OK 74115	
•				Sign on In
				문의 로 이
	Florida registered agent: (P.O. Box	NOT accept	able)	판소
Name:	T Corporation System		_	92 5
Office Address:	200 South Pine Island Road			Drn -
Office Address.	Plantation		 33324	
			_ , Florida	
_	(City)		(Zip co)dc)
laving been named as regist lesignated in this application o comply with the provisions and accept the obligations of	ce: ered agent and to accept service of p , I hereby accept the appointment a of all statutes relative to the proper my position as registered agent.	s registered a and complet	e above stated limite gent and agree to ac e performance of my	d liability company at the place et in this capacity. I further agre e duties, and I am familiar with
Having been named as regist lesignated in this application o comply with the provisions and accept the obligations of	ce: ered agent and to accept service of p , I hereby accept the appointment a of all statutes relative to the proper	s registered a and complet ernell Kearne signature)	e above stated limite igent and agree to ac e performance of my ey Assistant Secreta	ed liability company at the place of in this capacity. I further agre or duties, and I am familiar with
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designated in this application to comply with the provisions and accept the obligations of the name, title or capacity Title or Capacity: Secretary/Treasurer (Use attachments if necessary of Attached is a certificate of furisdiction under the law of worth the translator must be submitted.) This document is executed.	ce: ered agent and to accept service of p. I hereby accept the appointment a of all statutes relative to the proper my position as registered agent. Example (Represed agent's rand address of the person(s) who he Name and Address: Debra Score 3217 N Sheridan RD Hgr 38 Tulsa, OK 74115	s registered a and complete and complete ernell Kearne signature) as/have author Title or a duly authentite is in a forei	re above stated limite igent and agree to act e performance of my ey Assistant Secretarity to manage is/are: Capacity: cated by the official ign language, a translicida Statutes. I am aw	Name and Address: having custody of records in the cath

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>OMNI AIR TRANSPORT, LLC</u> whose registered agent is <u>THE CORPORATION COMPANY</u>, with its registered office at <u>1833 S MORGAN RD OKLAHOMA CITY 73128 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 22nd, day of June, 2017.

Secretary Of State