

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St.

Tallahassee, FL 32399

SUBJECT: Metro Aviation 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:
Should you need to call someone concerning this matter, please call: Jerry Sequera (Name of Person) Metro Aviation Inc. (Film/Crmpany) -07/05/3501049012 ******70.00 ******70.00 ******70.00 ******70.00 City, State and Zip Code) Should you need to call someone concerning this matter, please call: Jerry Sequera at (318) 222 - 5527 Name of Person) Area Code & Daytime Telephone Number
COURIER ADDRESS: MAILING ADDRESS:

Qualification/Tax Lien Sec.

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN CUMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Metro Aviation, The, (Name of corporation: must include the word "NCORPORATED" "COMPANY", "CORPORATION" or words abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural people or partnership if not so contained in the name at present.)	or	
or partnership if not so contained in the name at present.)	irson	
2. Louisiand 3. 72 - 093 1049 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
1-2(1-8)2		
4. 1-20-82 5. Per petual (Date of Incorporation) (Duration: Yearlcorp. will cease to exist or "perpetual")		
6. Tuly 1. 1975 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)		
(Date first transacted business in Florida. (See sections 007.1501, 607.1502, and 817.155, F.S.)	!	r2
7. P.O. Box 7008	r 55	
Shrove point, LA 71137 (Current mailing address)		; ; ; ;
	C.3	
8. Purpose(s) of corporation authorized in home state or country to bu carried out in the state of Florida)	 	
(Purpose(s) of copporation authorized in home state or country to bu carried out in the state of Florida)		
9. Name and street address of Florida registered agent:		i÷
Name: Wayne Weir		
Name: Wayne Weir Office Address: 1350 5 Hickory St. Melbourne , Florida, 32901 Atta: Careffight (Zip Code)		
Melbourne Florida 32901		
Atta: Cure Flight (Zip Code)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above so corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision	nt as	

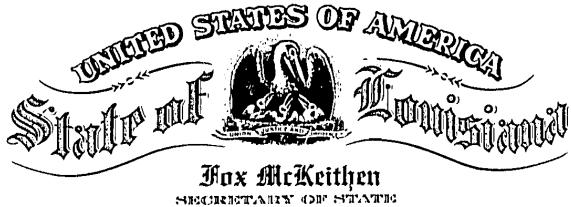
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Begistered agent's signature)

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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) Α. DIRECTORS (Street address only- P. O . Box NOT acceptable) $M_{
m cke}$ Stanberry Chairman: Linden Address: 71104 Shrove port Vice Chairman: Address: _ しゅーナス Director: Livingston Address: Shrevepor JOINN Director: Address: Shrevepor B.OFFICERS (Street address only- P. O. Box NOT acceptable) Mike Stanberr President: inden Address: 71104 Shreveport Vice President: _ Address: Milton Secretary: Vinuston Address: Shreve Dor-414 Treasurer: 71129 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Sag (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Segura Treasurer (Typed or printed name and capacity of person signing application)



. As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Incorporation of

METRO AVIATION, INC.

Domiciled at Shreveport, Louisiana,

Were filed in this Office and a Certificate of Incorporation was issued on January 20, 1982,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

