F96000003519

TO:	Qualification/lax Lien Section Division of Corporations	CLCOCOTO 1 CHEST CO CLCCOCOTO 1 CHEST CO CLCCOCOTO 1 CHEST CONTROL CON
SUBJ	JECT: PACE AIRLINE SERVICES TAC (Name of corporation - must include suffix)	L.
De a	Sir or Madam:	
The c Florid forcia	enclosed "Application by Foreign Corporation for Authorization to da", "Certificate of Existence", and check are submitted to register to corporation to transact business in Florida.	Fransact Business in the above referenced
Pleas	e return all correspondence concerning this matter to the following:	•
	MR DARACH BOYLAN	
	(Name of Person)	
	PACE AIRLINE SERVICES IN	
	(Firm/Company)	95 V.S.
	4101 LINDY CIRCLE, SUITE	SECRETARY OF STATE WISION OF CORPORATION 95 JUL 10 PH 1:00
	(Address)	4-1. O 625E
	ORLANDO, FLORIDA, 3282	上川 王 景語
	(City/State/Zip)	: 00
		
Shor	ald you need to call someone concerning this matter, please call:	
	DARACH DOYLAN at (407	. 3458195 Francis
	(Name of Person) at (Area Code &	Daytime Telephone Number)
	framing of a growth	

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 TRAUSACT BUSINESS IN THE STATE OF FLORIDA:

١.	PACE AIRLINE SERVICES, INC.				
1.	(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.	TLL: NOIS 3. APPLIED FOR (State or country under the law of which it is incorporated) (FBI number, if applicable)				
	(State or country under the law of which it is incorporated) (PET number, it applicable)				
4.	(Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")				
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
æ	15TH JULY 1996				
U.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, P.S.)				
	the second control of				
/٠	7. HIOT LINDY CIRCLE, SULTE TO				
	ORLANDA FLORIDA BARRO USA				
	ORLANDO, FLORIDA, BARRO, USA (Current mailing address)				
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)				
٠.	(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: MR DARACH BOYLAN SE				
	Office Address: HIOI LINDY CIRCLE				
	SUITE 10, ORLANDO, Florida, 388870 (Zip Code)				
10). Registered agent's acceptance:				
co re al	aving been named as registered agent and to accept service of process for the above stated or process for the above stated or poration at the place designated in this application, I hereby accept the appointment us gistered agent and agree to act in this capacity. I further agree to comply with the provisions of I statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.				
	(Registered agent's signature)				
13	1. 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 NO'l' acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) MR MALCOLM WARNER MARY LAND" BULL LANE BLACK Address: _ FENCOTT, OXFORDSHIRE, GREAT BAITAIN Vice Chairman: Address: __ Director: MR DARACH BOYLAN BI CASTLE FARM Address: DUBLIN, TRELAND. SHANKILL, CO Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: __ Address: Treasurer: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

DARACH BOYLAN

File Number 5805-843-2



I, George H. Ryan, Secretary of State of the State of Illinois,



In Cestimony Wh	errot. I hereto set
my hand and cause to be a the State of Illinois this	ffixed the Great Seal of 2ND
day of	A.D., 1996

George H Ryan
SECRETARY OF STATE