

State of Idaho

Office of the Secretary of State

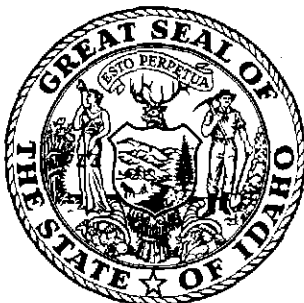
**CERTIFICATE OF REGISTRATION
OF
BEACON AVIATION INSURANCE SERVICES, INC.**

File Number C 207496

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: October 16, 2015



Lawrence Denney
SECRETARY OF STATE

By *Dona Hester*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2015 OCT 16 AM 8:32
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Beacon Aviation Insurance Services, Inc.
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Florida
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
126 South Osprey Ave Ste 200 Sarasota, FL 34236
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
126 South Osprey Ave Ste 200 Sarasota, FL 34236
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Idaho Dept of Ins Director 700 W State FL 3 ,Boise , ID 83702
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Robert McManus</u>	<u>Officer, COO</u>	<u>1771 Ringling Blvd Unit 1109 Sarasota, FL 34236</u>
(Name)	(Capacity)	(Address)

_____ (Name)	_____ (Capacity)	_____ (Address)
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Typed Name: Robert McManus

Signature: _____

Capacity: Officer & COO

Secretary of State use only

IDAHO SECRETARY OF STATE

10/16/2015 05:00

CK:7193 CT:315761 BH:1496636

1@ 100.00 = 100.00 FOR REG ST #2

C207496

State of Florida

Department of State

I certify from the records of this office that BEACON AVIATION INSURANCE SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on April 18, 2003.

The document number of this corporation is P03000044545.

I further certify that said corporation has paid all fees due this office through December 31, 2013, that its most recent annual report/uniform business report was filed on January 25, 2013, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of October, 2013*



Ken Detmer
Secretary of State

Authentication ID: CU0095659991

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>