DOC ID ----> 201310900446

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/19/2013	201310900446	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00		.00	.00

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This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
TIMOTHY ROBERSON
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2192563

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EPIC AERO

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
FICTITIOUS NAME/ORIGINAL FILING	**201310900446**

Effective Date: 04/18/2013

Expiration Date: 04/18/2018

FLIGHT OPTIONS HOLDINGS I, INC.
26180 CURTISS WRIGHT PARKWAY
CLEVELAND, OH 44143

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of April, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201310900446

Form 534A Prescribed by:
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing **(Two-business day processing time requires an additional $100.00).**
P.O. Box 1390
Columbus, OH 43216

Name Registration

Filing Fee: $50

CHECK ONLY ONE (1) Box

☐ Trade Name
(167-RNO)

Date of first use: ____
MM/DD/YYYY

☒ Fictitious Name
(169-NFO)

Epic Aero
Name being, Registered or Reported

Flight Options Holdings I, Inc.
Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

The Registrant is a(n): (Check only one (1) box)

☐ **Individual**

☐ **General Partnership**
Registration #, if any ____

☐ **Limited Partnership**
Registration # ____
If Foreign, Jurisdiction of Formation ____

☐ **Limited Liability Partnership**
Registration # ____
If Foreign, Jurisdiction of Formation ____

☐ **Limited Liability Company**
Registration # ____
If Foreign, Jurisdiction of Formation ____

☐ **Ohio Corporation**
Charter # ____

☒ **Foreign Corporation**
Ohio license # 2192510
Jurisdiction of Formation Delaware

☐ **Unincorporated Association**

☐ **Professional Association**
Charter # ____

☐ **Sole Proprietor**

☐ **Other**

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All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Holding company

Business address:

26180 Curtiss Wright Parkway
Mailing Address

Cleveland	OH	44143
City	State	Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Application must be signed by the registrant or an authorized representative.

Debra A. Perelman
Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Debra A. Perelman
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.