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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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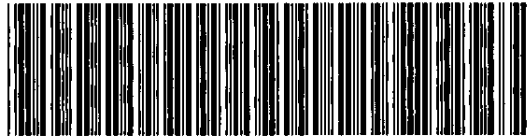
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Y SULKER

Florida Secretary of State
Registration Section, Division of
Corporations
PO Box 6327
Tallahassee FL 32314



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November 6, 2015

Florida Secretary of State
Registration Section, Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Textron Aviation, Inc.
Our File No. 33415-3

Dear Sir or Madam:

Attached for filing in your corporate records are a Cover Letter, an Application by Foreign Corporation for Authorization to Transact Business in Florida and a Certificate of Good Standing from the Kansas Secretary of State for the above-referenced corporation along with a check in the amount of \$78.75 to cover the filing fee. Please file the Application and then return the filed documentation to me in the enclosed envelope.

Please call me with any questions you may have. Thank you for your assistance.

Sincerely,

MARTIN, PRINGLE, OLIVER,
WALLACE & BAUER, L.L.P.

Brent A. Mitchell

BAM/bp

Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Textron 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," or "Certificate of Good Standing" 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:
Brent A. Mitchell

Name of Person

Martin, Pringle, Oliver, Wallace & Bauer, LLP

Firm/Company

100 N Broadway Ste 500

Address

Wichita KS 67202

City/State and Zip code

CorporateGovernance@txtav.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent A. Mitchell

316

265-9311

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|--|---|

**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 TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Textron Aviation Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kansas 3. 47-0966043
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/13/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Cessna Blvd, Wichita, KS 67215
(Principal office address)

(Current mailing address, if different)


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Philip Murphy

Office Address: 4134 Bear Road
Orlando, Florida 32827
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions 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.


(Registered agent's signature)

10. 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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Scott Ernest
Address: One Cessna Blvd, Wichita, KS 67215

Vice Chairman: Eric Salander
Address: One Cessna Blvd, Wichita, KS 67215

Director: Blake A. Meyen
Address: One Cessna Blvd, Wichita, KS 67215

Director: _____
Address: _____

B. OFFICERS

President: Scott Ernest
Address: One Cessna Blvd, Wichita, KS 67215

Vice President: Eric Salander
Address: One Cessna Blvd, Wichita, KS 67215

Secretary: Sherry L. York, Assistant Secretary
Address: One Cessna Blvd, Wichita, KS 67215

Treasurer: Eric Salander
Address: One Cessna Blvd, Wichita, KS 67215

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Sherry L. York
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Sherry L. York, Assistant Secretary
(Typed or printed name and capacity of person signing application)

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15 NOV 16 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7761240

Entity Name: TEXTRON AVIATION INC.

Entity Type: KANSAS FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: THE CORPORATION COMPANY, INC.

Registered Office: 112 SW 7th Street Suite 3C, TOPEKA, KS 66603

was filed in this office on May 13, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 19, 2015

A handwritten signature in cursive script that reads "Kris W. Kobach".

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 719974 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.