

F17,0000003455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

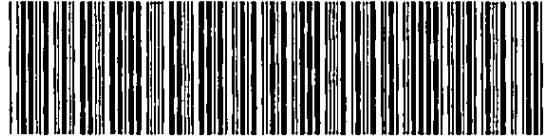
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/13/17--01010--015 **70.00

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17 JUL 31 AM 11:49
TALLAHASSEE, FLORIDA

Aug 3 2017
X. SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2017

HJ KAPTON
6742 FORESTHILL BLVD
WEST PALM BEACH, FL 33413

SUBJECT: AEROSPACE INSTITUTE INC
Ref. Number: W17000049942

We have received your document for AEROSPACE INSTITUTE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00012069

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEROSPACE INSTITUTE INC
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

HJ KAPTON

Name of Person

AEROSPACE INSTITUTE

Firm/Company

DEVELOPMENT OFFICES SUITE 106

6742 FORESTHILL BLVD

Address

WEST PALM BEACH, FL. 33413

City/State and Zip Code

UNIFLYAWAY@OUTLOOK.COM

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

For further information concerning this matter, please call:

H JOE KAPTON

Name of Person

at (808.)

Area Code

426.6868

Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

AEROSPACE INSTITUTE INC

1. _____
(Name of corporation; must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

AEROSPACE INSTITUTE USA

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

PENNSYLVANIA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 18, 2017 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6742 FORESTHILL BLVD SUITE 106 WEST PALM BEACH, FL. 33413
(Principal office address)

(Current mailing address, if different)

8. FLIGHT TRAINING
(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 **NOT** acceptable)

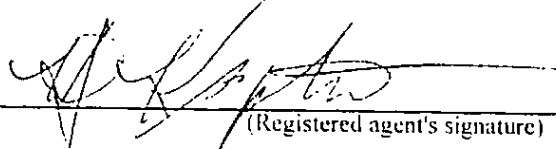
Name: HJ KAPTON

Office Address: 6742 FORESTHILL BLVD SUITE 106
WEST PALM BEACH, Florida 33413
(City) (Zip Code)

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DEPT OF STATE
TALLAHASSEE, FLORIDA

10. 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)

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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: HJ KAPTON
Address: 6742 Foresthill blvd. West Palm Beach, Fl. 33413

Vice Chairman: _____
Address: _____

Director: HJ KAPTON
Address: 6742 Foresthill blvd. West Palm Beach, Fl. 33413

Director: _____
Address: _____

B. OFFICERS

President: HJ KAPTON
Address: 6742 FORESTHILL BLVD SUITE 106 WEST PALM BEACH FL 33413

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

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

14. H.J. KAPTON
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/21/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AEROSPACE INSTITUTE

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TML170720TC1143-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>