

F22000005151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

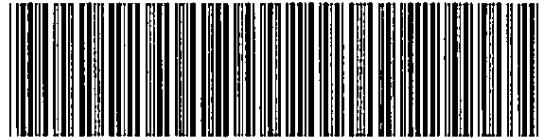
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REC'D

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIPPEWA AFROSPACE 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:

Alicia Gomez

	Name of Person
MyUSACorporation.com	
	Firm/Company
1 Radisson Plaza, Suite 800	
	Address
New Rochelle, NY 10801	
	City/State and Zip code
info@myusacorporation.com	
	E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Alicia Gomez	877	330-2677
	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:

- \$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 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.

1. CHIPPEWA AEROSPACE INC
(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. South Carolina 3.
(State or country under the law of which it is incorporated) (FLL number, if applicable)

4. 07/24/2000 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 626 JOSEPHINE PARKER DRIVE, UNIT 214, KEY WEST, FL 33040
(Principal office address)

(Current mailing address, if different)

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

Name: Incorp Services, Inc
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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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.

[Handwritten signature]
(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

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

A. DIRECTORS

Chairman: JULIE MYERS
490A ALLIED DR, CONWAY, SC, 29526
Address:

Vice Chairman: CHARLES MYERS
490A ALLIED DR, CONWAY, SC, 29526
Address:

Director:
Address:

Director:
Address:

B. OFFICERS

President: JULIE MYERS
490A ALLIED DR, CONWAY, SC, 29526
Address:

Vice President: CHARLES MYERS
490A ALLIED DR, CONWAY, SC, 29526
Address:

Secretary:
Address:

Treasurer:
Address:

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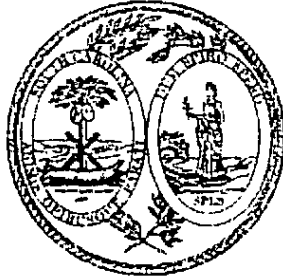
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Julie Myers
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. JULIE MYERS - PRESIDENT
(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Mark Hammond

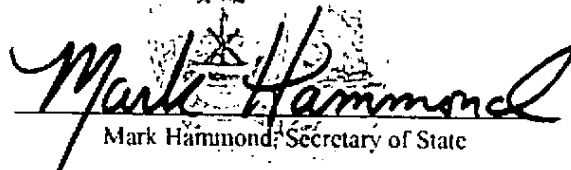
Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CHIPPEWA AEROSPACE, INC., a corporation duly organized under the laws of the State of South Carolina on July 24th, 2000, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

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Given under my Hand and the Great Seal
of the State of South Carolina this 5th day
of November, 2019.


Mark Hammond, Secretary of State