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2003 JUN 26 AM ID: 02
2013 JUN 26 AM ID: 02
2014 OF CORPORATIONS
AN ANASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AVIATION NETWORK TECHNOLOGIES, 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", 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:				
GAYLE R. ANDRUS				
(Name of Person)				
AVIATION NETWORK TECHNOLOGIES, INC.				
(Firm/Company) P. O. BOX 871055				
(Address)				
STONE MOUNTAIN, GA 30087				
(City/State and Zip code)				
For further information concerning this matter, please call:				
GAYLE R. ANDRUS at ( 770 ) 638-3222				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  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				

# 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.	AVIATION NETWORK TECHNOLOGIES, INC.				
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)				
2.	GEORGIA	3.	02-0624065		
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4.	06/01/02	2 5.	PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")		
	(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6.		JALIFICATION			
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification." (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)					
7	5232 FIELDVIEW COURT, ORLANDO, FL 32819				
• •	(Principal office address)				
5232 FIELDVIEW COURT, ORLANDO, FL 32819					
(Current mailing address)					
8.	AINTENANCE				
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)					
	Name:	W. JOHN SLOT			
	Maine.		<del></del>		
0	ffice Address:	5232 FIELDVIEW COURT			
		ORLANDO	, Florida 32819		
		(City)	(Zip code)		

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 business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ Vice Chairman: Address: \_ Director: Director: \_ Address: **B. OFFICERS** President: KAREN M. SLOT Address: \_5232 FIELDVIEW COURT ORLAND, FL 32819 Vice President: \_\_\_\_\_\_W. JOHN SLOT Address: 5232 FIELDVIEW COURT **ORLAND, FL 32819** Secretary: \_\_ Address: \_ Treasurer: $F = \frac{1}{2} \frac{1}{2} \gamma_{2} \gamma_{2} \gamma_{3} \gamma_{4} \gamma_{5} \gamma_$ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

14. \_\_W. JOHN SLOT, VICE-PRESIDENT

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

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

GAYLE R. ANDRUS PC POB 871055 STONE MOUNTAIN, GA 30087 DOCKET NUMBER : 031710262
CONTROL NUMBER : 0232693
DATE INC/AUTH/FILED: 06/24/2002
JURISDICTION : GEORGIA
PRINT DATE : 06/20/2003

FORM NUMBER : 211



#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### AVIATION NETWORK TECHNOLOGIES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



July Cop

Cathy Cox Secretary of State