F13000003682

(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

W13- 46941



600250549296

13 AUG 22 PM 1: 47

13 AUG 22 AM 8: I

TE 08/29/13





13 AUG 28 PM 4: 23

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2013

CORPORATION SERVICE COMPANY WALK-IN

ATTN: SUSIE KNIGHT

Please give original submission date as file date.

SUBJECT: COBHAM MISSION EQUIPMENT INC.

Ref. Number: W13000046941

We have received your document for COBHAM MISSION EQUIPMENT 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 813A00020139



ACCOUNT NO. : I2000000195 REFERENCE : 772961 5124164 AUTHORIZATION : COST LIMIT : ORDER DATE: August 22, 2013 ORDER TIME : 10:48 AM ORDER NO. : 772961-005 CUSTOMER NO: 5124164 FOREIGN FILINGS NAME: COBHAM MISSION EQUIPMENT, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

والمستداء

TO: New Filing Section Division of Corporations
SUBJECT: COBHAM MISSION EQUIPMENT, 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:
MILENA VORNDRAN
Name of Person
JAECKLE FLEISCHMANN & MUGEL, LLP
Firm/Company
200 DELAWARE AVENUE, SUITE 900
Address
BUFFALO, NEW YORK 14202-2107
City/State and Zip code
mvorndran@jaeckle.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MILENA VORNDRAN at (716) 843-3824 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Exelegated is a charle for the following arrount:
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.

COBHAM MISSI	ON EQUIPMENT INC					
(Enter name of corp	oration; must include "INCORPORAT ," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	4-17		
r *						
(If name unavailable	in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business i	n Florid	a)	
DELAWARE		2	45-2647180			
(State or country under the law of which it is incorporated)		_ 3.	(FEI number, if applicable) PERPETUAL			
		5.				
·	incorporation)	, J.	(Duration: Year corp. will cease to exist or "pe	erpetual"	<u>`)</u>	
JUNE 27, 2011						
•			Florida, if prior to registration)			
TORA ANCHORS S			502, F.S., to determine penalty liability)			
	TREET NORTH WEST, FORT WA				_	
706A ANCHORS S	TREET NORTH WEST, FORT WA					
	(Current mailing					
	(Current manning)	auui	usa)			
SALES AND SER	VICE OF DEFENSE ARTICLES					
(Purpose(s) of	corporation authorized in home state or	r co	untry to be carried out in state of Florida) **			
Name and street ad	dress of Florida registered agent: (P.C	. Box NOT acceptable)	¥ E	ಚ	
Name:	orporation Service Company			SA A	AUG	A17
- -	201 Hays Street		namento da	HASSI	6 22	· .
Ta	allahassee		, Florida 32301	m _Q	A	9
	(City)		(Zip code)	0.7: 1.5:	ထ္	Ë
0. Registered agent Taving been named a	•	rvic	e of process for the above stated corporation	STATE TORIDA	3	o

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.

Corporation Service Company

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. Nar	mes and business addresses of officers and/or directors:	:		
A. DIR	LECTORS		•	
Chairma	n. N/A			
Address:		· · · · · · · · · · · · · · · · · · ·		 `
`				
Vice Cha	N/A			
Address:				
Directór:	STEWART PARTRIDGE	•		
Address:	C/O CONAX 75TH STREET NORTH, ST. PETERSBURG 33710 8			-
••.				_
Director:	SCOTT WEINER			
Address:	23 MELISSA LANE, OLD BETHPAGE NY 11804	TAL SE	<u></u>	••
		CRE	AUG	ere.
B. OFF	ICERS	ASS	22	CULTURAL CONTRACTOR
·President:	STEWART PARTRIDGE	E Y	ZP C	
	C/O CONAX 75TH STREET NORTH, ST. PETERSBURG 33710	FLO	ထဲ	
	·	RID D	<u> </u>	
Vice Presi	dent:			• •
Address:				

Secretary:	SCOTTWEINER			,
*	23 MELISSA LANE, OLD BETHPAGE NY 11804			
Treasurer:	SCOTT WEINER	etiterinantition telephologogy, voolungsg	·	
	23 MELISSA LANE, OLD BETHPAGE NY 11804		·····	
,	Specessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	uddinisadóine vastur e é	
The office are true ar a third dep	Signature of Director or Officer or of director signing this document (and who is listed in number 12 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Signer felony as provided for in s.817,155, F.S.			
14. SCO	TT WEINER SECRETARY		÷*	
	(Typed or printed name and capacity of person signing application)			



Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COBHAM MISSION EQUIPMENT INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF

AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COBHAM MISSION EQUIPMENT INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

13 AUG 22 AM 8: 18
SECRETARY OF STATE

5001250 8300

131014495

Jeffrey W Bullock, Secretary of State AUTHENTYCATION: 0683222

DATE: 08-22-13

You may verify this certificate online at corp.delaware.gov/authver.shtml