

F/3000004044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

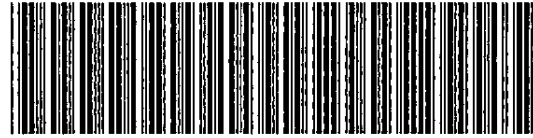
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Aircraft Instrument & Radio Company, Incorporated

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:

**Donna Crombie**

Name of Person

**Aircraft Instrument & Radio Company, Incorporated**

Firm/Company

**1853 S Eisenhower Ct**

Address

**Wichita, KS 67209**

City/State and Zip code

**donnac@airco-ict.com**

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

For further information concerning this matter, please call:

**Donna Crombie**

at ( **316** ) **945-0445**

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

**MAILING ADDRESS:**

New Filing 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. Aircraft Instrument & Radio Company, Incorporated

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

AIRCO Group

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

2. Kansas

(State or country under the law of which it is incorporated)

3. 48-0796028

(FEI number, if applicable)

4. January 16, 1973

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. April 1, 2013

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Palm Beach Gardens Office Park, 4400 Northcorp Parkway, Palm Beach Gardens, FL 33410

(Principal office address)

Palm Beach Gardens Office Park, 4400 Northcorp Parkway, Palm Beach Gardens, FL 33410

(Current mailing address)

8. For profit

(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 NOT acceptable)

Name:

Michael Jarm

Office Address:

Palm Beach Gardens Office Park, 4400 Northcorp Parkway

Palm Beach Gardens

(City)

, Florida

33410

(Zip code)

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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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Martin Potash

Address: 1853 S Eisenhower Ct  
Wichita, KS 67209

Vice President: Melanie Combs

Address: 1853 S Eisenhower Ct  
Wichita, KS 67209

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Martin Potash, President

(Typed or printed name and capacity of person signing application)

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

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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: 0307538

Entity Name: AIRCRAFT INSTRUMENT AND RADIO COMPANY, INCORPORATED

Entity Type: DOM: FOR PROFIT CORPORATION

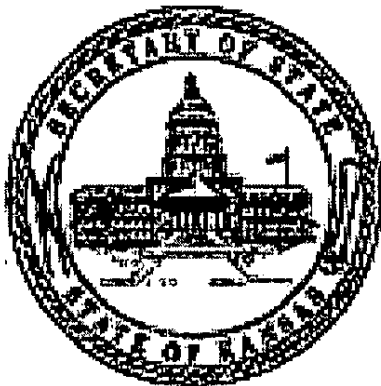
State of Organization: KS

Resident Agent: MELANIE COMBS

Registered Office: 1853 SOUTH EISENHOWER COURT, WICHITA, KS 67209

was filed in this office on January 16, 1973, 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 September 10, 2013

Handwritten signature of Kris W. Kobach in black ink.

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 585760 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.