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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION

Securitas Aviation USA, Inc.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$78.75

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COVER LETTER

TO:	Registration So Division of Co					
SUBJ	Securitas	Aviation USA, Inc.	•			
GODA	DCI.	Name	of corporation	ı - mı	ist include suffix	
Dear S	ir or Madam:					
"Certif	icate of Existence		of Good Sta	nding	" and check are sub	ct Business in Florida," omitted to register the
Please	return all corres	ondence concern	ing this matte	r to ti	he following:	
Emily	y Pearl					
			Name of	Perso	on .	
CT -	NRAI					
			Firm/Con	npany	,	
1999	9 Bryan Stree	t, Suite 900				
			Addr	ess		,
Dalla	as, TX 75201					
**************		***************************************	City/State a	ınd Z	ip code	
emily	y.pearl@wolt	erskluwer.com				
		E-mail address	: (to be used	for fi	nure annual report	notification)
For fur	ther information	concerning this m	atter, please	call:		
Emily	Pearl		at (949	١	743-8138	
	Name of Perso	n	Area Coc	ic	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations g Center Circle	S:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations . 7
Enclos	ed is a check for	the following amo	ount:			
☐ \$70	0.00 Filing Fee	578.75 Filing Certificate of			8.75 Filing Fee & rtified 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:— Securitas Aviation USA, Inc. I. (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) 46-5585206 Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) May 5, 2014 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6850 Versar Center, Suite 400, Springfield, VA 22151 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation 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.

(Registered Assistant Secretary

10. 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.

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

	ECTORS Kevin Sandkuhler			
Chairman	6850 Versar Center, Suite 400			
Address:	Springfield, VA 22151			
Vice Cha	N/A irman:			
Address:		· ·· -		
Director:	Kevin Sandkuhler			
Address:	6850 Versar Center, Suite 400			
	Springfield, VA 22151			
Director:				
Address:			(************************	
B. OFF	ICERS Kevin Sandkuher			
President				
Address:	Springfield, VA 22151		2115	management.
	Mark Howell		2	Section 2
Vice Pres	6850 Versar Center, Suite 400	- X	5	ŭ
Address:	Springfield, VA 22151		-	ij # Ç,ε ω••**
Scorotary	Mark Howell	臺灣	- - cii -	- 1
Address:	6850 Versar Center, Suite 400, Springfield, VA 22151	2517		
Treasurer	Kevin Sandkuhler			
Address:	6850 Versar Center, Suite 400, Springfield, VA 22151			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers at	nd/or directe	ors.	
The office are true a third de	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departmeter felony as provided for in s.817.155, F.S. & Howell, VP and Secretary	the facts state	ited her	rein tutes
13	(Typed or printed name and capacity of person signing application)			

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SECURITAS AVIATION USA, 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 SIXTEENTH DAY OF NOVEMBER, A.D.

2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURITAS AVIATION USA, INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2014.

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

5528242 8300 SR# 20150928377 Authentication: 10425682

Date: 11-16-15

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