

F16000002162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

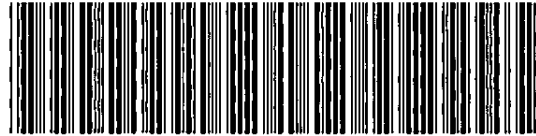
(Business Entity Name)

(Document Number)

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

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2016 MAY 12 AM 9:28  
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TALLAHASSEE FLORIDA

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DEPARTMENT OF STATE  
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**SUNSHINE** CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 5-12-16

**ENTITY NAME:**

GARDNER AVIATION SPECIALIST, INC.

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

X

Plain Copy

Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

\_\_\_\_\_  
Certified Copy of Arts & Amendments

\_\_\_\_\_  
Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 70-

CHECK NUMBER: 2496

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GARDNER AVIATION SPECIALIST, 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:

SHALANDA WHATLEY

\_\_\_\_\_  
Name of Person

GARDNER AVIATION SPECIALIST, INC.

\_\_\_\_\_  
Firm/Company

500 AVIATION WAY, B-5

\_\_\_\_\_  
Address

PEACHTREE CITY, GA, 30269

\_\_\_\_\_  
City/State and Zip code

swhatley@pas-pag.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop

800

567-4397

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. GARDNER AVIATION SPECIALIST, 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. GEORGIA 3. 582059817  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/09/1993 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 500 AVIATION WAY, B-5 PEACHTREE CITY, GA, 30269  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: URS AGENTS, LLC  
Office Address: 3458 LAKESHORE DRIVE  
TALLAHASSEE, Florida 32312  
(City) (Zip code)

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2018 MAY 12 AM 9:28  
STATE OF FLORIDA  
TALLAHASSEE

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.*

K. Bishop

Kanetha Bishop, Assistant Secretary

(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 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.

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

President: Kathleen MacIntosh

Address: 495 Lake Mirror Rd., Bldg 800 Atlanta, GA 30349  
\_\_\_\_\_

Vice President: David B. Mast

Address: 495 Lake Mirror Rd., Bldg 800 Atlanta, GA 30349  
\_\_\_\_\_

Secretary: Kathleen MacIntosh

Address: 495 Lake Mirror Rd., Bldg 800 Atlanta, GA 30349  
\_\_\_\_\_

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

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

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

12. David B. Mast, DIR + VP  
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. David B. Mast, DIR  
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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2016 MAY 12 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### **GARDNER AVIATION SPECIALIST, INC.**

#### **a Domestic Profit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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 above-named 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.

Docket Number	: 13168296
Date Inc/Auth/Filed	: 08/09/1993
Jurisdiction	: Georgia
Print Date	: 05/11/2016
Form Number	: 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State