

F1600003372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

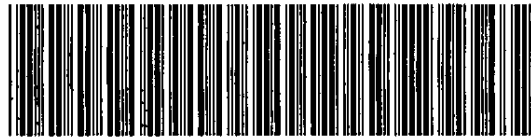
(Document Number)

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

Special Instructions to Filing Officer:

647 W16-41073

Office Use Only



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TALLAHASSEE, FLORIDA  
16 MAY 31 PM 3:51

AUG 01 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2016

DAVID LAWRENCE  
1919 S GIRLS SCHOOL ROAD  
INDIANAPOLIS, IN 46241

SUBJECT: AERODYN ENGINEERING, INC.  
Ref. Number: W16000041073

We have received your document for AERODYN ENGINEERING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 216A00011893

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aerodyn Engineering, 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:

David Lawrence

|   |                                  |
|---|----------------------------------|
| _____<br>Aerodyn Engineering, Inc.  | _____<br>Name of Person          |
| _____<br>1919 S. Girls School Road  | _____<br>Firm/Company            |
| _____<br>Indianapolis, IN 46241   | _____<br>Address                 |
| _____<br>ltandy@aerodyneng.com  | _____<br>City/State and Zip code |
| _____<br>E-mail address: (to be used for future annual report notification) |                                  |

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For further information concerning this matter, please call:

|                         |                         |                                   |
|-------------------------|-------------------------|-----------------------------------|
| David Lawrence          | 317                     | 334-1523                          |
| _____<br>Name of Person | at (_____)<br>Area Code | _____<br>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**

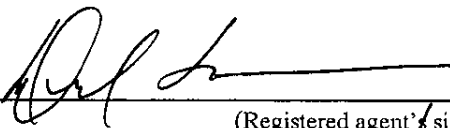
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Aerodyn Engineering, 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. Indiana 3. 37-1421342  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 12, 2002 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. January 1, 2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1919 S. Girls School Road, Indianapolis, IN 46241  
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: David Lawrence
- Office Address: 15132 Park of Commerce Blvd. Suite 103
- Jupiter, Florida 33478  
(City) (Zip code)

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**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 agent's signature) **PRESIDENT**

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:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: David Lawrence

Address: 10593 N 800 E

Brownsburg, In 46112

Vice President: Keith Yeager

Address: 4478 E CR 100 N

Pittsboro, IN 46167

Secretary: Nicole Abernathy

Address: 7847 Cross Creek, Avon, IN 46123

Treasurer: Tara Lawrence

Address: 10593 N 800 E, Brownsburg, IN 46112

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

12. Nicole Abernathy, Secretary

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. Nicole Abernathy, Secretary

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

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**State of Indiana  
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**AERODYN ENGINEERING, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 12, 2002, and was in existence or authorized to transact business in the State of Indiana on July 25, 2016.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 25, 2016

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

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