

1700000519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

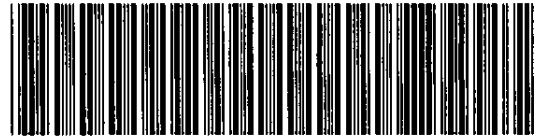
(Document Number)

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

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01/27/17--01022--012 \*\*78.75



FEB 08 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 27 AM 7:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2017

DAVID STRONG  
QUALITY FINANCIAL SERVICES INC  
209 DUNLAWTON AVENUE STE 14  
PORT ORANGE, FL 32127

SUBJECT: AIRBOSS AVIATION GROUP INC.  
Ref. Number: W17000009176

We have received your document for AIRBOSS AVIATION GROUP INC. and your check(s) totaling \$78.75. 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: 417A00002014

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 27 AM 7:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIRBOSS AVIATION GROUP 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 STRONG

Name of Person

QUALITY FINANCIAL SERVICES INC

Firm/Company

209 DUNLAWTON AVE SUITE14

Address

PORT ORANGE, FL 32127

City/State and Zip code

david.qfsinc@gmail.com

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

For further information concerning this matter, please call:

DAVID STRONG

at (386) 761-7855

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 27 AM 7:00

**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. AIRBOSS AVIATION GROUP 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. NEVADA

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

3. 90-0362267

(FEI number, if applicable)

4. 04-18-2008

(Date of incorporation)

5. \_\_\_\_\_

(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. 305 WEST MOANA LANE, RENO NV 89509

(Principal office address)

(Current mailing address, if different)

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

Name: QUALITY FINANCIAL SERVICES INC

Office Address: 209 DUNLAWTON AVE, SUITE 14

PORT ORANGE


(City)

, Florida 32127

(Zip code)

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)

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.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 27 AM 7:00

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

**A. DIRECTORS**

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

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

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

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

Director: DAVID M LEVINE

Address: 305 W MOANA LN

RENO NV 89509

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

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

**B. OFFICERS**

President: DAVID FAWCETT

Address: 3654 POWELL POINT APT 206

COLORADO SPRINGS, CO 80922

Vice President: \_\_\_\_\_

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

Secretary: DAVID M LEVINE

Address: 305 W MOANA LN RENO NV 89509

Treasurer: DAVID M LEVINE

Address: 305 W MOANA LN RENO NV 89509

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

12. \_\_\_\_\_

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.

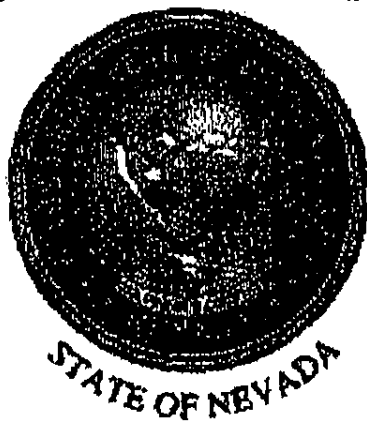
DAVID M LEVINE

13. \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 27 AM 7:00

## SECRETARY OF STATE

CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AIRBOSS AVIATION GROUP, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 18, 2008, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 7, 2017.

Handwritten signature of Barbara K. Cegavske.

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20170207-1525  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

FILED STATE  
SECRETARY OF FLORIDA  
17 JAN 27 AM 7:00