F17000001481

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
WIZ	_ 27	471
	Office Use Only	



800303811258

03/26/17--01015--001 ++70.00

17 0CT 16 PM 3: 12 Schar 13-41 GT NIATE 1ATT MEXICON STREET

S. WARREN 0CT 1 8 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2017

JEFF M HYLAND PO BOX 100 MOLINE, IL 61266 US

SUBJECT: ELLIOTT AVIATION, INC.

Ref. Number: W17000077471

We have received your document for ELLIOTT AVIATION, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 017A00019680

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elliott Aviation, 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:
Jeff M. Hyland
Name of Person
Elliott Aviation Inc. Firm/Company
Firm/Company
P.O. Bex 100
Address
Moline IL 6/266 City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for fattale mindar report to
For further information concerning this matter, please call:
T : C Z : das (309) 709.3183 x 1179
Ter. S. Zurcher at (309) 709-3183 x (179) Name of Person Area Code Daytime Telephone Number
Name of Person
STREET/COURIER ADDRESS: Registration Section Division of Corporations Courtee Publisher P.O. Box 6327
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \(\begin{array}{c} \Box 78.75 \) Filing Fee & \(\begin{array}{c} \Certificate of Status \end{array} \) \$78.75 Filing Fee & \(\begin{array}{c} \Certificate of Status \end{array} \) Certified Copy \(\begin{array}{c} \Certified Copy \end{array} \) Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Elliott Aviation Inc. (Enter name of corporation; must include "INCORPORATED," "C	COMPANY" "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	DOM AND
(If name unavailable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
(II hamb and various as a second	36-3993660
2. Towa (State or country under the law of which it is incorporated) 3	(FEI number, if applicable)
(State of Louisiany and Co. L. S.	
(State of country under the law of which it is the state of country under the law of which it is the law of the law	
9-15-17	
6. Opate of incorporation) (Date of incorporation)	
was allowed Man	office address)
7. 410 The Cough of the Was	office address)
(Current mailing	address, if different)
	Box NOT acceptable)
8. Name and street address of Plorida registered agent: (P.O.	Box NOT acceptable)
Name: CT Corporation Sys	stem Sin of F
1200 South Pine Islan	<u>d</u> Neau
Plantation (City)	Florida 333324
rianterion	(Zip code)
(City)	
Registered agent's acceptance:	contraction at the place
). Registered agent's acceptance: Having been named as registered agent and to accept service	e of process for the above stated corporation at the place
). Registered agent's acceptance: Having been named as registered agent and to accept service designated in this application, I hereby accept the appointment of all statutes reliables.	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my
Registered agent's acceptance: Having been named as registered agent and to accept service tesignated in this application, I hereby accept the appointme further agree to comply with the provisions of all statutes rel futies, and I am familiar with and accept the obligations of re	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my my position as registered agent.
). Registered agent's acceptance: Having been named as registered agent and to accept service designated in this application, I hereby accept the appointme further agree to comply with the provisions of all statutes relatites, and I am familiar with and accept the obligations of the service of the configurations.	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my my position as registered agent. BS M. Halpin
). Registered agent's acceptance: Having been named as registered agent and to accept service lesignated in this application, I hereby accept the appointme further agree to comply with the provisions of all statutes relatites, and I am familiar with and accept the obligations of I	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my my position as registered agent.

0. 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 nder the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: Wynn Elliott		
Address:		
Des Moines, IA 50321		
Vice Chairman:		
Address:		
		<u></u>
Director:		
Address:	置了:	17
	1.7.6-	
Director:	(7) S.	5
Address:		<u>n</u>
	- 22	
B. OFFICERS		Ţ:2
President: Grey Sahr		
Address: 6601 74th Avenue		
Milan IL 61264		
Vice President:		 -
Address:		
Secretary: Jeff M. Hyland		
Address: 6601 74th Avenue, Milan IL 61264		
Treasurer:		
Address:	ectors.	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direction of the state of the stat	17	
Signature of Director or Officer	stated he	rein
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of St third degree felony as provided for in s.817.155, F.S.	ate const	itutes
13. Jeff M. Hyland CFO/CAO (Typed or printed name and capacity of person signing application)	<u> </u>	
(Typed or printed name and capacity of person signing application)		

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 9/25/2017

Name: ELLIOTT AVIATION, INC. (490 DP - 181162)

Date of Incorporation: 12/20/1994

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

Certificate ID: CS140245

To validate certificates visit:

sos.iowa.gov/ValidateCertificate