

F17000005117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

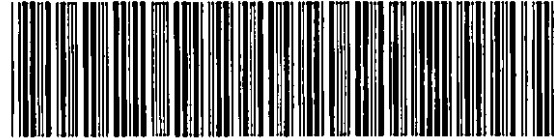
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

sign. cut w17-63844

Office Use Only



900301861509

07/31/17--01032--012 **78.75

17 NOV 13 AM 9:44
RECEIVED

FILED

NOV 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

ROBERT LEBEAU
19572 LOST CREEK DR
ESTERO, FL 33967

SUBJECT: AVIATION ARTIFACTS, INC.
Ref. Number: W17000063844

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

You failed to make the correction(s) requested in our previous letter.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 417A00021597

2017 NOV 13 AM 8:12

FAX

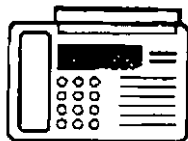
Clemmer & Associates

2850 West Clay, Ste. 225

St. Charles, MO 63301

636-946-1523

www.clemacct.com



To: Florida Department of State 2017 OCT 25 PM 12:57

Company: Division of Corporations

Fax number: 850-245-6030

From: John Burns

Fax number: 636-946-4552

Date: 10/24/2017

Pages: 3

Regarding: Certificate of Good Standing

Phone number for follow-up:

636-946-1523

Comments:**CERTIFICATE OF GOOD STANDING**

CONFIDENTIALITY NOTICE: If you have received this fax in error, please immediately notify the sender at the 636-946-1523. This fax transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to which it is intended, even if addressed incorrectly. Please shred the document if you are not the intended recipient. Thank you for your cooperation and compliance.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2017

ROBERT LEBEAU
19572 LOST CREEK DR
ESTERO, FL 33967

SUBJECT: AVIATION ARTIFACTS, INC.
Ref. Number: W17000063844

We have received your document for AVIATION ARTIFACTS, 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):

- ✓ Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 717A00015805

RECEIVED
2017 AUG 21 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aviation Artifacts, 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:

Robert LeBeau
Name of Person
Aviation Artifacts, Inc.
Firm/Company
19572 Lost Creek Drive
Address
ESTERO, Florida 33967
City/State and Zip code
ROBERT@AAIUSA.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Clemmer at (636) 946-1523
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. Aviation Artifacts, 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. Missouri 3. 43-1565372
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-26-1990 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 08-07-2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19572 Lost Creek Drive ESTERO FL 33967
(Principal office address)

Same.
(Current mailing address, if different)

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

Name: Robert LeBeau

Office Address: 19572 Lost Creek Drive

ESTERO, Florida 33967
(City) (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.

Robert C. LeBeau

(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
17 NOV 13 AM 9:44

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

A. DIRECTORS

Chairman: Robert CHAD LeBeau

Address: 19572 Lost Creek Drive
ESTERO, FL 33967

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert CHAD LeBeau

Address: 19572 Lost Creek Drive
ESTERO, FL 33967

Vice President: _____

Address: _____

Secretary: Toni Sue LeBeau

Address: 19572 Lost Creek Drive, ESTERO, FL 33967

Treasurer: _____

Address: _____

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

12. Robert CHAD LeBeau

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. Robert CHAD LeBeau

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

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

AVIATION ARTIFACTS, INC.
00340062

was created under the laws of this State on the 26th day of April, 1990, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of November, 2017.


Secretary of State



Certification Number: CERT-11062017-0127