## F1900000304

(Red	questor's Name)				
(Add	dress)				
(Add	iress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		į			

Office Use Only



000322510010

01/14/19--01029--018 \*\*/0.00

FILED

2019 JAN 14 PM 4: 03

SECRETARY OF STATE



## **COVER LETTER**

TO: Registration Section Division of Corporat	ions			
-	tons EUSTEE SERVICES, INC.			
SUBJECT:				
	Name of corporation	on - must	include suffix	
Dear Sir or Madam:				
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good St	anding"	and check are sub	
Please return all corresponde VINCENT E. SCHINDELER	ence concerning this matt	er to the	following:	
	Name o	f Person		
VINCENT E. SCHINDELER,	P.A.			
2000 GLADES RD., STE 312	Firm/Co	mpany		
	Ado	lress		
BOCA RATON, FL 33431				
VESESQ@AOL.COM	City/State	and Zip	code	<del></del>
E	mail address: (to be used	l for futt	re annual report	notification)
For further information cone	erning this matter, please	e call:		
VINCENT SCHINDELER	954		522-8686	
Name of Person	at ( Area Co		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 fo	ollowing amount:			
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied 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. AIRCRAFT TRUSTEE SERVICES, INC. ١. (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) 82-2194257 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) JUNE 21, 2017 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3500 S. DUPONT HWY, DOVER, DE 19901 (Principal office address) 2000 GLADES RD., STE 312, BOCA RATON, FL 33431 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) VINCENT E. SCHINDELER, P.A. Name: 2000 GLADES RD., SUITE 312 Office Address: **BOCA RATON** (City) 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS VINCENT E. SCHINDELER Chairman: 2000 GLADES RD., STE 312 Address: BOCA RATON, FL 33431 Vice Chairman: Director: **B. OFFICERS** VINCENT E. SCHINDELER President: 2000 GLADES RD., STE 312 Address: BOCA RATON, FL 33431 Vice President: Secretary: Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addequary to the application listing additional officers and/or directors. 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. VINCENT E. SCHINDELER

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

13. \_\_\_\_

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AIRCRAFT TRUSTEE SERVICES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIRCRAFT TRUSTEE SERVICES, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at corn delaware gov/auth

Authentication: 202031284

Date: 01-07-19

6452481 8300 SR# 20190102807