# F1900002876

	(Requestor's Name)
<del>,</del>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:



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B KINSEY



June 7, 2019

LAUREN HALL 3758 LAVISTA RD, STE 200 TUCKER, GA 30084

SUBJECT: AERIAL TITANS, INC. Ref. Number: W19000050054

We have received your document for AERIAL TITANS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 919A00011423

RECEIVED
JUN 2 0 2019



May 22, 2019

LAUREN HALL 3758 LAVISTA RD, STE 200 TUCKER, GA 30084

SUBJECT: AERIAL TITANS, INC. Ref. Number: W19000050054

We have received your document for AERIAL TITANS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listedin #11 of this form.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00010422

#### COVER LETTER

CHB ILCT.	Aerial Titans	Inc	
SUBJECT:	Aerial Titans Name of corpo	ration - must include suffix	
Dear Sir or Madan			
Treat Sir of Madaii			
"Certificate of Exi	olication by Foreign Corporation stence," or "Certificate of Good oreign corporation to transact b	n for Authorization to Transact B I Standing" and check are submit pusiness in Florida.	Business in Florida," ted to register the
Please return all co	orrespondence concerning this	natter to the following:	
	Lauren Ho	(11)	
	Nar	ne of Person	
	Aenal Tit	ans, Inc.	
	_	•	
	3758 Lavis	a Rel Ste 200	
		Address	
	Tucker, 61	1 30084 tate and Zip code Althans. Com used for future annual report noti	<del></del>
	City/S	tate and Zip code	19
	Ihall@aer	ialtitans.com	
	E-mail address; (to be	used for future annual report noti	ification) S =
For further inform	ation concerning this matter, p	ease call:	
Lavren	Hall a (8	26 874-0584	19 JUN 20 PH 5: 13
Name of	Person Arc	a Code — Daytime Telephor	ne Number
Registrati Division o Clifton B 2661 Exe	COURIER ADDRESS: on Section of Corporations ailding cutive Center Circle see, FL 32301	MAILING ADT Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Enclosed is a chec	ck for the following amount:		
☐ \$70.00 Filing	Fee	•	S87.50 Filing Fe

first attempt at films

## 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. ARMA THANS 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. Georgia USA 3. 46-1185110
(State or country under the law of which it is incorporated) (Fit number, if applicable) 4. October 13, 2010.

(Date of incorporation)

(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) LaVisla Read, Suite 200 Tucker, GA 30084 Carrent mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Name: Office Address: St. Petersburg . Morida 33706 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.

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: B. OFFICERS Co-Owner 5140 Andrew Huggins 3758 LaVista Road Suite 200 Address: 30084 Tucker, G Andrew Johnson 3758 LaVista Road, Suite 200 Address: \_\_\_\_ Tucker, GA 30084 Secretary: Address: \_\_ Address: NOTE: If necessary, you may attach an addendum 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

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

a third degree felony as provided for in s.817.155, F.S.

Control Number: 12081478

### STATE OF GEORGIA

#### Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## AERIAL TITANS, INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17210939
Date Inc/Auth/Filed: 10/13/2012
Jurisdiction : Georgia
Print Date : 05/24/2019

Form Number : 211



Bred Raffonsperger