# F190000004994

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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EXAMINER

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### **COVER LETTER**

<b>TO:</b> Registration Division of C					
SUBJECT: AEROS	STAR DEVELOPMEN	Γ, INC.			
			must include suffix	•	
Dear Sir or Madam:					
"Certificate of Existe		of Good Stand	authorization to Transa ling" and check are sub s in Florida.		
Please return all corre	espondence concernin	g this matter t	o the following:		
JAN D. MCCORMICK	I, ESQ.				
		Name of P	erson		
BRANT, REITER, MC	CORMICK & JOHNSO	ON, P.A.			
		Firm/Comp	any		<del></del>
135 WEST BAY STRE	EET, SUITE 400				
		Addres	S .		
JACKSONVILLE, FL	32202				
	<del></del>	City/State and	l Zip code		
JDMCCORMICK@BA	ARMJLAW.COM				
	E-mail address:	(to be used fo	r future annual report i	notification) . ,	<b>≥</b>
For further information	on concerning this ma	tter, please ca	II:		== C
	_	·			<b>2015</b> OCT 28
REBECCA CANALES	, PARALEGAL at	t ( <sup>904</sup>	366-2384	hone Number FI ORD	28
Name of Per	son	Area Code	Daytime Telep	hone Number - \$\frac{1}{2}\$	P
				2 <b>%</b>	<u>က</u>
Registration S Division of C Clifton Build	orporations ing ve Center Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	DDRESS: ection orporations	5 <b>6</b>
Enclosed is a check fo	or the following amou	nt:			
■ \$70.00 Filing Fee	☐ \$78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Certificate of Certified Con	Status &

#### 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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATEL orp." "Inc." "Co." or "Corp.")	D. COMPANY, CORPORATION.	
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	business in Florida)
ALABAMA		572-1365894	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
. APRIL 16, 19	97 5	j.	
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)
	(SEE SECTIONS 607.1501 & 607.	1502, F.S., to determine penalty liability	v)
	IDE AVENUE, UNIT 423, JACKSONVIL	LE, FL 32204 ripal office address)	
	IDE AVENUE, UNIT 423, JACKSONVIL (Princ IDE AVENUE, UNIT 423, JACKSONVII	LE, FL 32204 ripal office address)	ZOIS OCT
1661 RIVERS	IDE AVENUE, UNIT 423, JACKSONVIL (Princ IDE AVENUE, UNIT 423, JACKSONVII	LE, FL 32204 sipal office address) LE, FL 32204 ling address, if different)	ZOIS OCT 28
1661 RIVERS	IDE AVENUE, UNIT 423, JACKSONVIL (Princ IDE AVENUE, UNIT 423, JACKSONVII (Current mai	LE, FL 32204  sipal office address)  LE, FL 32204  ling address, if different)  CO. Box NOT acceptable)	ZOIS OCT 28 PM 3:
1661 RIVERS  . Name and street	IDE AVENUE, UNIT 423, JACKSONVIL (Princ IDE AVENUE, UNIT 423, JACKSONVII (Current mai	LE, FL 32204  sipal office address)  LE, FL 32204  ling address, if different)  CO. Box NOT acceptable)	2018 OCT 28 PM
. Name and street	IDE AVENUE, UNIT 423, JACKSONVIL. (Princ) (Princ) (Princ) (Current mainst address of Florida registered agent: (Parant Refter MCCORMICK & JOHN	LE, FL 32204  sipal office address)  LE, FL 32204  ling address, if different)  CO. Box NOT acceptable)	ZIN OCT 28 PM 3: 5

#### 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.

Jan/D. McCormick

(Registered agent's signature)

Vice-President

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: Address: Address: \_\_\_ **B. OFFICERS** President: LINDA M. HALE Address: 1661 RIVERSIDE AVENUE, UNIT 423, JACKSONVILLE, FL 32204 Vice President: Address: \_\_\_ Secretary: LINDA M. HALE Address: 1661 RIVERSIDE AVENUE, UNIT 423, JACKSONVILLE, FL 32204 Treasurer: 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 a third degree felony as provided for in s.817.155, F.S. LINDA M. HALE, PRESIDENT

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

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Aerostar Development, Inc. was formed in Tuscaloosa County, Alabama on April 16, 1997. The Alabama Entity Identification number for this entity is 187-217. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/17/2019

Date

X 2. Menill

John H. Merrill

**Secretary of State**