

F21000005649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

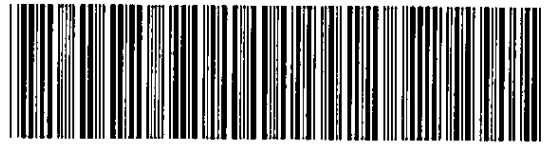
(Business Entity Name)

(Document Number)

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M. SOLOMON

F78

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aerospace Insurance Managers, 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:

Deanna Stanley

Name of Person

Kennedy Licensing Service, Inc.

Firm/Company

1600 East Pioneer Pkwy., Suite 340

Address

Arlington, TX 76010

City/State and Zip code

dstanley@kennedylicensing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Stanley

at (214) 855-0737

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Aerospace Insurance Managers, 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. Texas

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 12/2/1997

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. UPON APPROVAL OF APPLICATION

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

7. 5420 Lyndon B. Johnson Freeway, Suite 1100 Dallas, TX 75240

(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee

(City)

, Florida 32301

(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.*



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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DEPT OF STATE  
CORPORATE DIVISION

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# A. DIRECTORS

☐ Chairman Name: Mark Schwarz  
☐ Vice Chairman Address: 4645 Meadowood Rd  
☒ Director Dallas, TX 75220  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jon Howard  
☐ Vice Chairman Address: 1987 Lemington Lane  
☐ Director Frisco, TX 75033  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Christopher Kenney  
☐ Vice Chairman Address: 1831 Everglade Court  
☐ Director Grapevine, TX 76051  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michael Gramm  
☐ Vice Chairman Address: 305 Old Grove Rd  
☐ Director Colleyville, TX 76034  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Raymond Lopez Jr.  
☐ Vice Chairman Address: 4004 Cedarview Rd  
☐ Director Dallas, TX 75287  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Andrew Fieles  
☐ Vice Chairman Address: 49 Trailridge Dr.  
☐ Director Melissa, TX 75454  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]  
 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. Christopher Kenney, Secretary & Treasurer  
 (Typed or printed name and capacity of person signing application)

FILED  
 2021 SEP 30 PM 1:55  
 CLERK OF COURT  
 CLAY COUNTY, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for AEROSPACE INSURANCE MANAGERS, INC. (file number 146880700), a Domestic For-Profit Corporation, was filed in this office on December 02, 1997.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 17, 2021.



A handwritten signature in black ink, consisting of a stylized 'J' and 'E' followed by a horizontal line.

Jose A. Esparza  
Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2021

DEANNA STANLEY  
KENNEDY LICENSING SERVICES, INC.  
1600 EAST PIONEER PKWY., SUITE 340  
ARLINGTON, TX 76010

SUBJECT: AEROSPACE INSURANCE MANAGERS, INC.  
Ref. Number: W21000124938

We have received your document for AEROSPACE INSURANCE MANAGERS, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Must list the first 6 officers/directors on the page and then attach a page if necessary for additional officers/directors.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 121A00022304

*See Attached*

RECEIVED  
SEP 30 2021