## F22000002269

(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:	

Office Use Only

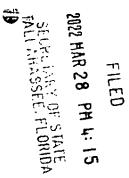


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T. LEMIEUX APR 14 2022

## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	AUTOGYRO USA INC			
SOLABCI.	Name of c	corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corports f Existence," or "Certificate of ced foreign corporation to trans	Good Standi	ng" and check are submit	tusiness in Florida," ted to register the
Please return	all correspondence concerning	this matter to	o the following:	
TERRI ROSE				
		Name of Po	erson	
AUTOGYRO	USA INC			
<del></del> -	·-	Firm/Comp	any	
210 AIRPORT	r RD			
		Addres	S	
STEVENSVII	LLE, MD 21666			
	(	City/State and	l Zip code	
TERRI@AUT	OGYROUSA.COM			
	E-mail address: (1	to be used fo	r future annual report noti	fication)
For further in	formation concerning this matt	er, please ca	II:	
TERRI ROSE	at	(410	604-1719	
Nam	ne of Person	Area Code	Daytime Telephon	ne 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	
	check for the following amour heck payable to: FLORIDA DEP. ling Fee	ARTMENT (		☐ \$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.

lf name unavail	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacti	ing business in Florida)	
DELAWARE 3.		30-0950696		
(State or count	y under the law of which it is incorporated)	(FEI number, if a	applicable)	
08/05/2016		5.		
(Date	of incorporation)	(Date of duration, if other	r than perpetual)	
January 2022				
- 1	`	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabi	lity)	
10 AIRPORT R	D STEVENSVILLE MD 21666			
	(Principal	office street address)		
	(Current ma	iling address, if different)		
<del>-</del>	(Current ma et address of Florida registered agent: (I TERRI ROSE	- ·		
Name:	et address of Florida registered agent: (I	- ·	202 SE FAL 9 <b>9</b>	
Name:	et address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	2022 HAR SEUNIA FALLAHA	
-	et address of Florida registered agent: (I TERRI ROSE 2518 ADAMS ST	P.O. Box <u>NOT</u> acceptable)	SEUN PAN OF S FALLAHASSEE FL	

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.

A. DIRECTORS	,						
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: 2518 ADAMS ST	□Vice Chairman	Address: Poplar Farm, Prolley Moor,				
□Director	HOLLYWOOD, FL 33020	□Director	Shropshire, SY9 5EJ ENGLAND				
President		□President					
□Vice President		■Vice President					
☐ Secretary	☐'Treasurer	Secretary	☐ Treasurer				
□Other	Other	□Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
		□Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer				
Other		Other					
		Gone:					
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other		□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.							
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.							

**TERRI ROSE** 

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUTOGYRO USA 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 SEVENTEENTH DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTOGYRO USA INC." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 2016.

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

S CONTRACTOR OF THE PARTY OF TH

Authentication: 202939952

Date: 03-17-22

6116193 8300

SR# 20221047791