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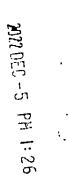
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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S. ROBERTS
DEC 1 5 2022

COVER LETTER

Divis	stration Section sion of Corporations			
SUBJECT:	Lone Star Aerospace, Inc. d/b/a	Lone Star An	alysis	
	Name of	corporation	- must include suffix	<u>. </u>
Dear Sir or M	1adam:			
"Certificate of	"Application by Foreign Corp of Existence," or "Certificate on need foreign corporation to tran	f Good Stanc	ling" and check are submi	
Please return	all correspondence concerning	g this matter	to the following:	
Brittany Bauc	om			
		Name of F	Person	
Lone Star Aer	ospace, Inc. d/b/a Lone Star Anal	ysis		
		Firm/Comp	pany	
4555 Excel Pa	irkway, Suite 500			
•		Addre	SS	
Addison/Texa	s 75001			
-		City/State an	id Zip code	·
bbaucom@lor	ne-star.com			
	E-mail address:	to be used fo	or future annual report not	ification)
For further in	formation concerning this mat	ter. please ca	all:	
Brittany Bauc	om	214	Daytime Telephone Number	
Nan	ne of Person	Area Code	Daytime Telephor	ne Number
Regi: Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make of \$70.00 Fil	check for the following amounteek payable to: FLORIDA DEPling 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.

(Enter name of c	corporation; must include "INCORPORATED," corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	ng business i	n Florida
Delaware	3 2	20-3973435		
(State or country	ry under the law of which it is incorporated) 3. 2	(FEI number, if a	oplicable)	
12/19/2005	5.			
(Date	(Date of incorporation) 5. (Date of duration, if other		than perpetu	al)
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liabil	ity)	
4555 Excel Parky	way Suite 500 Addison, Texas 75001			
	(Principal office	e <u>street</u> address)		2 022 D
	(Current mailing	address, if different)	: :	-5- -5-
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		P
-	et address of Florida registered agent: (P.O. Business Filings Incorporated	Box NOT acceptable)	•	P
Name:		Box NOT acceptable)	: -	
	Business Filings Incorporated	Box NOT acceptable) . Florida 33324	:	1:2

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.

Brenna States asst. Secretary
(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.

A. DIRECTORS							
■ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: 4555 Excel Parkway	□Vice Chairman	Address:				
□Director	Suite 500	□Director	Suite 500				
□President	Addison, Texas 75001	President	Addisone, Texas 75001				
□Vice President	<u>. </u>	□Vice President					
□ Secretary	□Treasurer	□Secretary	□Treasurer				
Other CEO	Other	Other COO	□Other				
□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				
□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	Other				
Important Notice: Use an anadliment 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 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. Steven KoENERMAN Chaima. (Typed or printed name and capacity of person signing application)							

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LONE STAR AEROSPACE, 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 SIXTEENTH DAY OF NOVEMBER, 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 "LONE STAR AEROSPACE, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2005.

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

A de la constant de l

Authentication: 204871572

Date: 11-16-22

4096760 8300 SR# 20224023648